

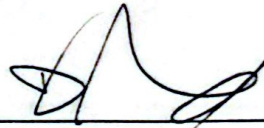
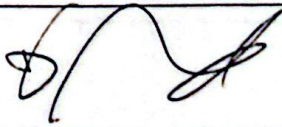
Jeletta Jolly



York College, CUNY PA Program Procedure Log Sheet

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Family Medicine

| Mandatory Procedures       | At least | Date Performed                                                                                         | Signature of Observer/Faculty/Staff                                                   |
|----------------------------|----------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| IM Injection               | 3        | 3/16/26<br>4/10/26                                                                                     |                                                                                       |
| Bp Measurement             | 3        | 3/16/26 x 4<br>3/17/26 x 3<br>3/18/26 x 3<br>3/19/26 x 6<br>3/20/26 x 8<br>3/23/26 x 12<br>3/30 - 4/16 |    |
| Arterial Blood Gas         | 3        |                                                                                                        |                                                                                       |
| Chest X-ray Interpretation | 3        |                                                                                                        |                                                                                       |
| Dressing Change/Wound Care | 3        |                                                                                                        |                                                                                       |
| Obtaining a Throat Culture | 3        | 3/19/26<br>3/23/26<br>4/15/26                                                                          |  |



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|                                    |   |                                    |  |
|------------------------------------|---|------------------------------------|--|
|                                    |   |                                    |  |
| Perform & Interpret EKG            | 3 | 3/16/2026<br>3/23/2026<br>4/8/2026 |  |
| Perform or assist with pelvic exam | 3 | 3/26/2026<br>3/23/2026<br>4/8/2026 |  |
| Placement of Peripheral IV Access  | 3 |                                    |  |
| Rectal Exam                        | 3 |                                    |  |
| Scrubbing-in OR Technique          | 3 |                                    |  |
| Splinting/Casting                  | 3 |                                    |  |



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| Suturing                              | 3              |                                                                                    |                                                                                     |
|---------------------------------------|----------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Urinary Catheterization (Male/Female) | 3              |                                                                                    |                                                                                     |
| Venipuncture                          | 3              | 3/16/26 3/30 - 4/16<br>3/17/26<br>3/18/26<br>3/19/26<br>3/23/26(x4)<br>3/24/26(x4) |  |
| Nasogastric Tube Placement            | 3              |                                                                                    |                                                                                     |
| Recommend Procedures                  | Date Performed |                                                                                    | Signature of Observer/Faculty/Staff                                                 |
| Sub Q Injection                       |                |                                                                                    |                                                                                     |
| Intradermal Injection                 |                |                                                                                    |                                                                                     |
| Assist in Cesarean Section            |                |                                                                                    |                                                                                     |



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|                                                           |                               |                                                                                     |
|-----------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                           |                               |                                                                                     |
| Bacteriologic (blood culture) & Viral Specimen collection | 3/19/26<br>3/20/26<br>3/23/26 |  |
| Incision and drainage of Abscesses                        |                               |                                                                                     |
| Instillation of Local Anesthesia/Digital Block            |                               |                                                                                     |
| Suture/Staple Removal                                     |                               |                                                                                     |
| Lumbar Puncture                                           |                               |                                                                                     |