



Primary Care Health Services, Inc.

Job Description: Medical Assistant

Report to: Nurse Manager

Purpose of Position: Assist in the operation of the medical services during assigned clinic sessions. Within the framework of the organization's philosophy and objectives and under the direction of the nurse manager, the Medical Assistant assists the nursing team in performing routine nursing duties associated with caring for the ambulatory patient.

Physical Demands:

- Requires full range of body motion including handling and lifting patients, manual and finger dexterity, and hand-eye coordination.
- Requires standing and walking for extensive periods of time
- Occasionally lifts and carries items weighing up to fifty (50) pounds
- Requires corrected vision, hearing, and speech within normal ranges
- Requires working under stressful conditions and sometimes irregular hours

Qualifications:

- High school diploma or GED
- Medical Assistant certificate from an accredited Medical Assistant Training program

Responsibilities:

- Screen and prepare patients for medical providers. Perform vital signs, electrocardiograms, visual and audio testing, peak flow meter, and documentation of patient complaints.
- Assist medical providers during patient examinations and treatment
- Schedule appointments and perform clerical duties associated with medical encounters



PRIMARY CARE HEALTH SERVICES, INC.

7227 HAMILTON AVENUE • PITTSBURGH, PA 15208 • TEL 412.244.4700

- Administer injections and vaccinations as requested by medical providers
- Other duties as assigned

Requirements:

- Requires excellent interpersonal, telephone, and communication skills.
- Willingness to work on other units and at other health centers throughout the Primary Care Health Services network.
- Demonstration of proper phone etiquette
- Ability to adjust to changing situations

Skills/Qualification: Office experience, scheduling, telephone skills, typing, business knowledge, customer service, verbal communication, PC proficiency, reporting skills, electronic health records

Signature: _____ **Date:** _____

Primary Care Health Services, Inc.
 7227 Hamilton Avenue
 Pittsburgh, PA 15208

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We comply with all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to questions be used in violation of any such law.

----- Personal Information -----

Please Print

Last Name	First	Email
Street Address		Primary Phone ()
City, State, Zip		Secondary Phone ()
Social Security Number		Were you previously employed by PCHS? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates: _____ through _____ (mm/yyyy) (mm/yyyy)
Position desired		Hourly Wage Expected
Apart from religious observances, are you available for full-time work? If not, what hours are you available to work? <input type="checkbox"/> Yes, Full Time Hours Available _____ <input type="checkbox"/> No, Part Time Hours Available _____		Are you willing to work overtime?
Relevant Skills or Training (languages, machine operation, etc.)		When will you be available to begin working?
List any friends/relatives working for PCHS.		

----- Education and Training -----

Level of Education	Name and Location (City/State)	Course of Study	Number of Years Completed	Did you graduate?
Graduate School				<input type="checkbox"/> yes <input type="checkbox"/> no
College				<input type="checkbox"/> yes <input type="checkbox"/> no
Business/ Trade/ Certification				<input type="checkbox"/> yes <input type="checkbox"/> no
High School				<input type="checkbox"/> yes <input type="checkbox"/> no

----- Employment History -----

Company Name _____ Address _____ _____ Phone _____ Name of Supervisor _____ Reason for Leaving _____	Job Title _____ Employment Dates From _____ to _____ Salary (annual) \$ _____ (hourly) \$ _____ May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Company Name _____ Address _____ _____ Phone _____ Name of Supervisor _____ Reason for Leaving _____	Job Title _____ Employment Dates From _____ to _____ Salary (annual) \$ _____ (hourly) \$ _____ May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
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----- Military Experience -----

Have you served in the U.S. Armed Forces? Yes No
If yes, which Branch? _____
Have you served in the Reserves? _____

Describe any training received relevant to the position for which you are applying.

----- References -----

1. Name _____ Telephone _____
Relationship _____
Result (office use only) _____

2. Name _____ Telephone _____
Relationship _____
Result (office use only) _____

3. Name _____ Telephone _____
Relationship _____
Result (office use only) _____

Applicant Signature _____
Date _____

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.