



PHYSICIAN ASSISTANT AGREEMENT

As a Physician Assistant, I agree to provide the following services to the Johnstown Free Medical Clinic under the supervision of the Clinic's Medical Director. I also agree to provide the necessary information required for my credentialing.

- Review patient records to determine health status
- Take a patient history
- Perform a physical examination
- Record pertinent patient data
- Make decisions regarding data gathering and management and treatment of patients seen for initial management of a problem
- Follow-up evaluation of previously diagnosed and stabilized condition
- Initiate requests for commonly performed laboratory studies and radiologic exams
- Carry out simple tests such as a dip urinalysis and rapid strep testing
- Identify normal and abnormal findings in the physical exam and commonly performed laboratory studies and radiologic exams
- Initiate evaluation and emergency management for emergency situations: i.e. cardiac arrest, hemorrhage, respiratory distress
- Arrange for transfer of the patient to an emergency department for further evaluation
- Perform clinical procedures such as electrocardiograms, suture removal, removal of superficial foreign bodies, application of dressing and bandages
- Provide counseling and instruction regarding common patient complaints
- Make entries in patients' charts which will be authenticated by the supervising physician through countersignature
- Write or sign prescriptions but only as authorized to do so by the laws of the Commonwealth of Pennsylvania

Physician Assistant Signature _____

Print Name _____ Date _____

Johnstown Free Medical Clinic Medical Director Signature _____

Print Name _____ Date _____