

DOCUMENTATION OF COMPETENCY to WITHDRAW BLOOD  
SAN MATEO COUNTY MENTAL HEALTH SERVICES

Date: \_\_\_\_\_

TO: Mental Health Services Personnel File

RE: \_\_\_\_\_

The above named nurse may perform blood withdrawal on clients, as part of mental health care. He/she has assured the undersigned of competency in the procedure by submission of:

\_\_\_\_\_ 1. Documentation of previous blood withdrawing experience, or

\_\_\_\_\_ 2. Demonstration of successful blood withdrawal, witnessed by

\_\_\_\_\_

and

\_\_\_\_\_ A. Certificate of completion of a course on blood withdrawal, or

\_\_\_\_\_ B. Documentation of completion of a course which included blood withdrawal as part of broader course content.

The documents and/or certificates indicated above are attached.

\_\_\_\_\_  
Signature of Unit Chief/Medical Chief