

#6-ASSESSING THE SKIN, HAIR, AND NAILS

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ **Date:** _____

| | P1 | P2 | P3 | Comments |
|--|-----------|-----------|-----------|-----------------|
| 1. Inspected and palpated the skin a. Color b. Uniformity c. Thickness d. Symmetry e. Hygiene f. Lesions i. Primary ii. Secondary iii. Size iv. Shape v. Color vi. Texture vii. Elevation or depression viii. Attachment at base ix. Exudates x. Configuration xi. Location and distribution g. Odors h. Moisture i. Temperature j. Texture k. Turgor l. Mobility | | | | |
| 2. Inspected and palpated the hair a. Color b. Distribution c. Quantity d. Texture | | | | |
| 3. Inspected and palpated the nails a. Pigmentation, length, symmetry, and ridging or irregularities (redness, swelling, pain, exudate, warts, cysts, or tumors) b. Measured nail-base angle c. Texture, firmness, thickness, uniformity, and adherence to nail bed | | | | |

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____