

## Pre-examination Assessment Form

### UBT470 – Provide ultrasound treatments

<b>Centre Name:</b> <b>Centre ID Number:</b> <b>Date of Assessment:</b> <b>Signature of Lecturer/Assessor:</b> <b>Signature of Internal Quality Assurer:</b>		Minimum 7		Sub – Total	Hygiene and sterilisation	Consultation	Advanced body assessment	Ultrasound Cavitation treatment	Ultrasound Cavitation treatment technique	Post care/ homecare	Oral questions	FINAL MARK	Case studies	Learners must achieve a minimum of 7 marks for the first 2 sections in order to pass.
		Client care	Preparation of area											
Learner name	Learner No.	5	5		5	5	10	15	40	10	5	100	P/F	Comment
1														
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