



TECHNICAL STANDARDS
for
COMPUTED TOMOGRAPHY

Student Name: _____ Student ID # / SSN#: _____
Telephone #: _____

To the examining physician or nurse practitioner: As you complete this form, please consider the applicant's physical ability and behavioral characteristics. In doing so, please review carefully the General Job Description as you evaluate the applicant's ability to meet the Technical Standards specified for the health professions program that he/she is preparing to enter. The College complies with the requirements and spirit of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. Therefore, to the extent practical, the College will endeavor to make a reasonable accommodation for an applicant with a disability who is otherwise qualified.

General Job Description: The Computed Tomography (CT) technologist provides health care services using CT and other medical equipment to provide images that assist in diagnosis of trauma and disease. She/he performs CT procedures and produces images for the interpretation by, or at the request of a licensed physician or nurse practitioner. The CT technologist exercises professional judgment in performing services; recognizes and provides appropriate patient care and comfort; and follows safety procedures essential for successful completion of the CT procedure.

Directions: Check the appropriate box for each of the following physical standards. All "No" responses require a written explanation in the space provided below, and will be used by the College during its review for reasonable accommodation.

Frequency Key: O = Occasionally (1-33%) F=Frequently (34-66%) C=Constantly (67-100%)

Physical Standards: Can the applicant perform the following physical actions listed in column one needed to perform the example(s) listed in column two?					
Physical Standards	Example	Frequency	Yes	No	Unable to Determine
LIFT	To assist patients into and out of wheelchairs; onto or off examination tables.	C			
BEND or STOOP/CROUCH	To place patients into various positions for examinations.	C			
KNEEL/STAND	To perform CPR.	O			
	To assist patients who may fall or faint.	O			
MOVE	Torso, arms, hands and fingers to demonstrate dexterity.	C			
REACH	At least 6' from floor to overhead equipment.	O			
WEAR	Lead aprons (5 to 10 lbs. weight), thyroid shields, and lead gloves on hands (weight 1 to 2 lbs.).	O			
MANUAL DEXTERITY	To manipulate small knobs or controls on equipment.	C			
	Prepare needles and syringes for injection.	C			
	Apply and wear protective gloves when necessary.	C			
PUSH/PULL	To move equipment, examination tables, chairs, or patients.	C			

Physical Standards	Example	Frequency	Yes	No	Unable to Determine
WALK/STAND	For extended periods of time, usually up to eight (8) hours.	C			
AUDITORY	Hear verbal directions/requests from members of the health care team, patients, and in telephone messages.	C			
	Hear distress sounds from patients.	C			
	Hear audible equipment signals.	C			
VISUAL	Assess patient position, comfort and safety.	C			
	To read requisitions and patient charts for patient information related to CT procedures	C			
	Monitor equipment function indicators on CT and other medical equipment.	C			
	Evaluate the CT images.	C			
FINE MOTOR SKILLS	Ability to hold and use a writing instrument for recording patient history or other pertinent information.	C			
VERBAL	Articulates information to staff, patients and peers.	C			
BEHAVIORAL STANDARDS: In your professional opinion, can the applicant be responsible for the following behavior(s)?					
Function safely, effectively, and calmly under stressful conditions?		F			
Maintain composure while managing multiple tasks simultaneously?		C			
Prioritize multiple tasks?		C			
Exhibit social skills necessary to interact effectively and respectfully with patients, families, supervisors, and co-workers of the same or different cultures?		C			
Maintain personal hygiene consistent with close personal contact associated with patient care?		C			

Please provide an explanation for any "No" answers: _____

STUDENT SIGNATURE

I have reviewed the Technical Standards outlined on this form, and I understand the physical abilities and behavioral characteristics necessary to complete this program.

HEALTH CARE AGENT SIGNATURE

I certify that to the best of my knowledge, the above assessment is accurate and was performed within twelve months from anticipated start of educational program.

Signature of Student

Date

Signature of Physician or NP

Date

 PRINT of Student Name

 PRINT of Physician or NP name.

RETURN THIS FORM TO:
Northern Essex Community College
Division of Health Professions
ATTN: Natacha Tshibangu
45 Franklin Street
Lawrence, MA 01841
Fax: 978-738-7146