



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:** Uses critical thinking skills and analysis in applying the nursing process in the provision, supervision, and monitoring of comprehensive nursing care to clients.

**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
<b>LIFT</b>	Transfer and position child or adult patients in various situations.	F			
<b>BEND or STOOP/CROUCH</b>	To assist patients with activities of daily living.	F			
	To plug in electrical equipment.	F			
<b>KNEEL/STAND</b>	To perform CPR.	F			
	To assist patients who may fall or faint.	F			
<b>MOVE</b>	Torso, arms, hands and fingers to demonstrate dexterity.	C			
<b>REACH</b>	Approximately 5’ above floor to relocate or attach various equipment (e.g., oxygen, suction, IVs).	F			
<b>MANUAL DEXTERITY</b>	Prepare and/or use equipment while maintaining sterile technique.	C			
	Prepare needles and syringes for injection/administrations.	C			
<b>PUSH/PULL</b>	To move equipment, beds, stretchers, wheelchairs, etc.	F			
<b>WALK/STAND</b>	For extended distances and periods of time, usually up to 8 (eight) hours.	F			

Physical Standards	Example	Frequency	Yes	No	Unable to Determine
<b>AUDITORY</b>	Hear verbal directions/requests from members of the health care team, patients, voice pages and telephone messages.	F			
	Hear distress sounds from patients.	F			
	Distinguish breath and bowel sounds.	F			
	Accurately monitor blood pressure using a stethoscope.	F			
<b>VISUAL</b>	Assess patient for comfort and safety.	C			
	Read small print (e.g., on syringes, vials, dials, gauges, etc.	F			
	Monitor drainages.	C			
	Monitor intravenous infusions.	C			
	Monitor motion and respiration of the patient.	C			
<b>FINE MOTOR SKILLS</b>	Ability to hold and use a writing instrument for recording patient history or other pertinent information.	C			
<b>VERBAL</b>	Articulates information to staff, patients and peers.	C			
<b>BEHAVIORAL STANDARDS:</b> 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?		F			
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**