

TECHNICAL STANDARDS
for
MEDICAL LABORATORY
TECHNICIAN

Student Name: _____

Frequency Key.

Student ID # : _	
Telephone # :	

C=Constantly (67-100%)

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 medical laboratory technician performs manual and automated testing on blood and various body fluids to aid in the diagnosis and treatments of patients. They perform pre analytic, analytical, and post analytical testing in the areas of hematology, chemistry, and blood banking (immunohematology), microbiology, and urinalysis. They must be able to communicate laboratory findings to colleagues, patients, and other health care providers as needed.

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.

F=Frequently (34-66%)

 $\Omega = \Omega$ ccasionally (1-33%)

perform the example(s) h Physical Standards	Example	Frequency	Yes	No
LIFT	Lift reagents to replace, replenish, or store.	0		
BEND or	Perform analyzer maintenance	0		
STOOP/CROUCH	Put away supplies	0		
	Perform phlebotomy	0		
KNEEL/STAND	Computer usage, filing of results	F		
	Perform analytical testing -standing	С		
	Perform analyzer maintenance	0		
	Perform phlebotomy	0		
MOVE	Torso, arms, hands and fingers to demonstrate	С		
	dexterity.			
REACH	Obtain supplies, patient samples, or procedure	0		
	manuals.			
	Perform analyzer maintenance	0		
WEAR	Personal Protective Equipment and gloves for an	C		
	extended period of time			
MANUAL	Perform phlebotomy	0		
DEXTERITY	Prepare slides to view	0		
	Adjust microscope	0		
	Place samples on analyzer for testing	C		
	Perform manual laboratory testing	0		
	Operate analyzers using computer keyboards,	С		
	knobs, and/or buttons.			
PUSH/PULL	Move, reagents, and supplies	0		
	Manipulate parts of an analyzer to perform	0		
	maintenance or troubleshooting procedures.			

WALK/STAND For extended periods of time F AUDITORY Hear instrument alarms, codes, temperature alarms. C Hear colleagues, and other health care professionals with regards to questions and requests C Image: Colleagues, and other health care professionals VISUAL Determine specimen acceptability by viewing color, clarity, and quantity of specimen submitted. C Assess proper labeling of specimens C Image: Colleagues, and other health care providers. FINE MOTOR SKILLS Use of pipets to reconstitute reagents, quality control, and dilute specimens as needed. C FINE MOTOR SKILLS Use of pipets to reconstitute reagents, quality control, and dilute specimens as needed. C Recapping of samples as needed O Image: Colleagues, patients, and other health care providers. C BEHAVIORAL STANDARDS: In your professional opinion, can the applicant be responsible for the followin behavior(s)? C Image: Colleagues, patients, families, supervisors, and co-workers of the same or different cultures? C Image: Colleagues, patients, families, supervisors, and co-workers of the same or different cultures?	Physical Standards	Example	Frequency	Yes	No
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patient care, and working in close proximity to co-workers?	patient care, and working in	close proximity to co-workers?			

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

STUDENT SIGNATURE

I have reviewed these Technical Standards and I understand the physical abilities and behavioral characteristics necessary to complete this program. I am responsible to notify my program coordinator of any changes in my status.

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, PA-C, or NP

Date

PRINT of Student Name

PRINT of Physician, PA-C, or NP name.

RETURN THIS FORM TO: Northern Essex Community College Division of Health Professions 414 Common Street Lawrence, MA 01840 Fax: 978-655-5934