

TECHNICAL STANDARDS forRADIOLOGIC TECHNOLOGY

Student Name:	Student ID # :
	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 radiographer provides health care services using radiographic (x-ray) equipment to provide images that assist in diagnosis of trauma and disease. She/he performs radiographic procedures and produces images for the interpretation by, or at the request of a licensed physician or nurse practitioner. Exercises professional judgment in performing services; provides appropriate patient care and recognizes patient comfort. Follows safety procedures essential for successful completion of the radiographic 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: Ca	an the applicant perform the following physical actions	s listed in column	n one neede	d to
perform the example(s)	listed in column two?			
Physical Standards	Example	Frequency	Yes	No
LIFT	To assist patients into and out of wheelchairs; onto or off examination tables.	С		
BEND or STOOP/CROUCH	To place patients into various positions for examinations.	С		
	To lift and place radiographic cassettes and film (approximately 1 lb.).	F		
KNEEL/STAND	To perform CPR.	0		
	To assist patients who may fall or faint.	0		
MOVE	Torso, arms, hands and fingers to demonstrate dexterity.	С		
REACH	At least 6' from floor to overhead radiographic equipment.	С		
WEAR	Lead aprons (5 to 10 lbs. weight), thyroid shields, and lead gloves on hands (weight 1 to 2 lbs.).	F		
MANUAL DEXTERITY	To manipulate small knobs or controls on equipment.	F		
	Prepare needles and syringes for injection.	F		
	Apply and wear plastic gloves when necessary.	С		
PUSH/PULL	To move equipment, examination tables, chairs, or patients.	С		

Physical Standards	Example		Frequency	Yes	No	
WALK/STAND	For extended periods of time, usually hours.	up to 8 (eight)	С			
AUDITORY	Hear verbal directions/requests from r health care team, patients, and telepho		С			
	Hear distress sounds from patients.		С			
	Hear audible equipment signals.		F			
VISUAL	Assess patient position, comfort and s	afety.	С			
	To read requisitions for information re radiographs		С			
	Monitor equipment function indicator machines.	s on x-ray	С			
	Evaluate the radiographic image.		С			
	Ability to discern colors used to indicconditions, e.g., red/amber/green/gas/		С			
FINE MOTOR SKILLS	Ability to hold and use a writing instruction recording patient history or other perting		С			
VERBAL	Articulates information to staff, patier	nts and peers.	C			
BEHAVIORAL STAte behavior(s)?	ANDARDS: In your professional op	pinion, can the app	olicant be respon	sible for the	efollowing	
Function safely, effectively, and calmly under stressful conditions?		conditions?	F			
Maintain composure while managing multiple tasks simultaneously?		ultaneously?	F			
Exhibit social skills necessary to interact effectively and respectfully with patients, families, supervisors, and co-workers of the same or different cultures?			С			
Maintain personal hy associated with patie	ygiene consistent with close persona	l contact	С			
Please provide an ex	planation for any "No" answers:					
I have reviewed these Technical Standards and I I certify t understand the physical abilities and behavioral assessme		I certify that to assessment is a	EALTH CARE AGENT SIGNATURE ertify that to the best of my knowledge, the above sessment is accurate and was performed within twelve on this from anticipated start of educational program.			
Signature of Student	Date	Signature of Ph	ysician, PA-C, o	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