

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 Dental Assistant performs a wide range of tasks requiring both interpersonal and technical skills. Tasks Dental Assistants may perform include helping patients feel comfortable during dental treatment; assisting the dentist during a variety of dental procedures requiring stationary posture in the dental stool; reading and grasping small instruments; taking and developing radiographs; taking a medical history and blood pressure; providing patients with post-operative instructions; maintaining supplies and inventory using the telephone; and, communicating with patients both verbally and in writing.

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
LIFT	To place lead apron.	F		
	To retrieve dental supplies.	F		
STOOP	To retrieve dental supplies.	F		
KNEEL	To perform CPR.	O		
	To assist patients who may fall or faint.	O		
MOVE	Torso, arms, hands and fingers to demonstrate bi-manual dexterity.	C		
SIT	For prolonged periods of time in the dental stool and occupy a small space opposite the dentist in the operatory (approximately 3'x3').	C		
REACH	To position overhead radiographic equipment and dental operating light (approximately 5' above floor).	C		
MANUAL DEXTERITY	To control precision instruments in small working area (patient's mouth).	C		
TACTILE	To have tactile sense for examining teeth and oral tissues.	C		
STAND	For intermittent periods of time if required by specific procedure.	O		

Physical Standards	Example	Frequency	Yes	No
PUSH/PULL	To direct x-ray cone.	C		
WALK	To all areas of the dental office.	C		
AUDITORY	Hear verbal directions, even when the dentist is wearing a mask.	C		
	Hear timer on x-ray machine.	C		
	Hear blood pressure sounds through stethoscope.	F		
	Hear signals from film processors, curing lights.	C		
VISUAL	To discern changes in oral tissues.	F		
	Shapes on radiographs.	C		
	Small print on dental records.	C		
FINE MOTOR SKILLS	Ability to hold and use a writing instrument for recording patient history or other pertinent information.	F		
VERBAL	Articulates information to staff, patients and dentists.	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?		F		
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 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