



TECHNICAL STANDARDS
for
MEDICAL ASSISTING

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 medical assistant is a professional, multi-skilled person dedicated to assisting in all aspects of medical practice under the supervision of a physician. The medical assistant assists with patient care management, implements administrative and clinical procedures, and often performs managerial and supervisory functions. The medical assistant must be able to communicate effectively.

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 assist patients onto or off examination tables. | C | | |
| BEND or STOOP/CROUCH | To place patients into various positions for examinations. | C | | |
| | To adjust and plug in electrical equipment. | C | | |
| | To assist patient with dressing. | F | | |
| 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 | To obtain supplies from overhead cabinets. | C | | |
| WEAR | Personal Protective Equipment (PPE) and gloves for extended periods of time. | F | | |
| MANUAL DEXTERITY | To manipulate small knobs or controls on equipment. | C | | |
| | Prepare and use syringes for injection and venipuncture. | F | | |
| | Prepare and use equipment while maintaining sterile technique. | C | | |
| | Keyboard 30 wpm. | F | | |
| PUSH/PULL | To move equipment, examination tables, chairs, or patients. | C | | |

| Physical Standards | Example | Frequency | Yes | No |
|--|--|-----------|-----|----|
| WALK/STAND | For extended periods of time, usually up to 8 (eight) hours. | C | | |
| AUDITORY | Hear verbal directions/requests from members of the health care team, patients, and telephone messages. | C | | |
| | Hear various alarms. | O | | |
| | Hear blood pressure sounds through stethoscope. | C | | |
| VISUAL | To assess patient condition; monitor patient safety and comfort. | C | | |
| | To read patient charts and requisitions. | C | | |
| | To check equipment for proper function. | C | | |
| | Read small print on syringes, vials, dials, gauges, and other similar instruments. | C | | |
| FINE MOTOR SKILLS | Ability to hold and use a writing instrument for recording patient history or other pertinent information. | C | | |
| TACTILE | To palpate pulses; veins for venipuncture; and, patient's skin temperature/integrity. | 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? | | 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