

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: In an emergency, EMTs and paramedics typically are dispatched to the scene by a 911 operator, and often work with police and fire department personnel. Once they arrive, they determine the nature and extent of the patient's condition while trying to ascertain whether the patient has preexisting medical problems. Following strict rules and guidelines, they give appropriate emergency care and, when necessary, transport the patient. Some paramedics are trained to treat patients with minor injuries on the scene of an accident or at their home without transporting them to a medical facility. Emergency treatment for more complicated problems is carried out under the direction of medical doctors by radio preceding or during transport. (U.S. Department of Labor)

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	Transfer pediatric or adult patients in various situations.	F		
BEND, STOOP, BALANCE, and CRAWL	Rescue pediatric or adults patients from emergency situations (I.e. MVA)	F		
ABILITY TO WITHSTAND VARIED ENVIRONMENTAL CONDITIONS	Conditions of extreme heat, cold and moisture.	F		
KNEEL/STAND	To perform CPR.	F		
	To assist patients who may fall or faint.	O		
MOVE	Torso, arms, hands and fingers to demonstrate dexterity. Transfer of patient from backboard to stretcher.	C		
REACH	Approximately 5' above floor to relocate or attach various equipment (e.g., oxygen, suction, IVs).	F		

MANUAL DEXTERITY	To administer drugs orally and intravenously, interpret electrocardiograms (EKGs), perform endotracheal intubations, and use monitors and other complex equipment.	C		
	To use special equipments such as a backboard to immobilize patient.	C		
TACTILE	To palpate pulse; and arteries for puncture.	F		
COGNITIVE	Read road maps, drive vehicle, accurately discern street signs and address numbers, read medications/prescription labels and directions for usage in quick, accurate, and expedient manner.	C		
	Ability to document in writing all relevant information.			
VERBAL	Ability to converse with dispatcher and EMC providers via phone or radio as to status of patient.	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		
Communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders?		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.

Signature of Student

Date

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 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