

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: Under the direction of a physician, respiratory therapists apply specialized diagnostic and therapeutic procedures to diagnosis and treat patients with cardiopulmonary disease. Respiratory therapists use critical thinking skills to assess patients; use various equipment and treatment modalities to implement a care plan; and provide patient education.

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 and position child or adult patients in various situations.	F		
BEND or STOOP/CROUCH	While providing treatment modalities (e.g., bronchopulmonary hygiene).	F		
	To plug in electrical equipment, and to adjust electric and pneumatic equipment.	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.	C		
REACH	Approximately 5' above floor to relocate or attach various equipment (e.g., oxygen, suction).	F		
MANUAL DEXTERITY	To manipulate small pieces of equipment used while providing therapeutic or diagnostic modalities.	C		
	Prepare needles and syringes for injection and to draw blood samples.	C		
TACTILE	To palpate pulse; and arteries for puncture.	F		
PUSH/PULL	To move equipment, beds, stretchers, wheelchairs, and large wheeled equipment such as mechanical ventilators and oxygen cylinders.	F		
WALK/STAND	For extended distances and periods of time, usually up to 8 (eight) hours.	F		

Physical Standards	Example	Frequency	Yes	No
WALK/STAND	Stand in near immobile positions for extended periods of time while assisting with either therapeutic procedures or resuscitation events.	O		
AUDITORY	Hear verbal directions/requests from members of the health care team, patients, voice pages and telephone messages.	F		
	Hear distress sounds from patients.	F		
	Distinguish and evaluate heart and lung sounds.	F		
	Hear and respond to various alarms (e.g., mechanical ventilators).	F		
VISUAL	Assess patient for comfort and safety.	C		
	Read small print (e.g., on syringes, vials, dials, gauges, etc.	F		
	Monitor motion and respiration of the patient.	C		
	Ability to discern colors used to indicate alarm conditions, e.g., red/amber/green/gas cylinders.	C		
FINE MOTOR SKILLS	Ability to hold and use a writing instrument for recording patient history or other pertinent information and computer input devices.	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.

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