

Student Health Statement

Nursing Program



Life. Changing.

Student Academic Role and Clinical Performance Requirements:

All nursing students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities, and achieve all required clinical and course objectives in order to successfully complete the nursing program curriculum within time limits. Students with physical, mental, or emotional limitations indicating need for special accommodation should schedule an appointment with the Success Center. This appointment should be made at the beginning of the nursing educational experience and as needed to review methods to assist the student. Nursing students will be expected to provide nursing care regardless of race, color, national lifestyle, or health problem. This expectation is consistent with the American Nurses' Association code of Ethics.

Nursing students will be in clinical courses requiring the safe application of both gross and fine motor skills, and complex critical thinking skills as an inherent element of nursing practice. Usual and required activities routinely conducted by students include care for clients that may be ambulatory or comatose, and involves all age ranges from premature infants to geriatric clients. Students must be able to safely perform at least the following clinical skills: physical assessment (inspection, palpation, percussion, auscultation); hygiene management; management and assisting with client mobility and transfer, wound management; medication administration via various routes; and some invasive procedures. Required abilities are: walking, standing, bending, turning, reaching, talking, listening, visual inspection, and moderate to heavy lifting. There always exists potential exposure to communicable and sexually transmitted diseases and other pathogens.

STUDENT INSTRUCTIONS:

I understand the student academic role and clinical performance requirements and agree that I have the primary responsibility for my own health status. I agree that I will not knowingly place clients, others or myself in unsafe situations based upon my physical, mental, or emotional limitations. I have completed and signed the Physical Abilities Requirements form on the back of this page.

Name: _____

Signature: _____ Date: _____

NOTE: This form with the student's signature is required at the beginning of the nursing program and upon return to clinical following absence due to health problems or changes in health status that have the potential to influence patient/nurse safety and affect the quality of care provided by the nursing student.

Student Name			Nursing Student Physical Abilities Requirements Form
R-Regularly O-Occasionally			
Abilities	R	O	Measurable Descriptor
Vision	X		Ability to read syringes, labels, instructions on equipment, CRT
Color Vision	X		Assessment of skin, drainage, color of blood
Hearing	X		Auscultation (evaluation of sounds) of lungs, heart, abdomen
Sense of Touch	X		Assessment of skin texture, lumps, moisture
Sense of Smell	X		Assessment of patients, drainage, skin, and body odors
Finger Dexterity	X		Manipulation of tubing, equipment
Temperature Discrimination	X		Assessment of temperature for hot/cold treatments
Intelligible Oral Communication	X		Reports collaboration with instructor, patient teaching
Pushing	X		lbs/ft 100 lbs equipment, beds with and without patients
Pulling	X		lbs/ft 50 lbs equipment, beds, repositioning patients
Lifting	X		lbs/ft 50 lbs patients, equipment and supplies
Floor to Waist		X	lbs/ 50 lbs 3 man lift of patients
12" to Waist		X	lbs/ 50 lbs 3 man lift
Waist to Shoulder	X		lbs/ 30 lbs equipment and supplies
Shoulder to Overhead	X		lbs/ 10 lbs equipment and supplies
Reaching Overhead	X		Ht/lbs Overhead equipment, IV therapy
Reaching Forward	X		Ft : Use of equipment, patient care activities
Carrying		X	Ft 44 lbs Bedside commode, equipment and supplies
Standing	X		For long periods of time, drawing up and dispensing medications
Sitting	X		Infrequent: Short periods. Charting
Squatting	X		Infrequent, short periods. Measuring and collecting urinary and wound drainage.
Stooping	X		Infrequent, short periods. Adjusting equipment for patients
Kneeling		X	Infrequent; Re-set equipment
Walking	X		Frequent, long periods of time; rounds, walking patients
Running		X	Infrequent, Emergency situations
Crawling		X	Infrequent, short periods; reset or adjust bed settings
Climbing	X		Infrequent; patient care activities
Stairs(ascending and descending)	X		Infrequent; Emergency situations
Turning (head/neck)	X		Frequent, short periods; Nursing Actions
Repetitive Leg/arm movement	X		Frequent, short periods; Use of Equipment
Use of Foot or Hand Controls	X		Frequent, short periods; Use of equipment

I have read, understand and accept the above working conditions expected of a nursing student.

- I do not need accommodations to perform the physical duties.
- I feel the following accommodations are needed to perform the physical duties.

Signature: _____

Date: _____