Jefferson State Community College

Nursing Education Program

<u>MEDICAL FORM</u>

STUDENT NAME:_____ **A#** _____

Campus_____**Course**_____

Person to call in case of emergency: _____**Relationship**_____

Phone number: _____ **Alternate number**: _____

I am aware that during clinical/laboratory experiences there may a risk of exposure to various communicable/ transferable disease or illnesses. The College will provide instruction regarding safe health care practices when caring for patients with communicable/transferable conditions. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this physical. I understand that my personal protection against communicable/transferable conditions is my responsibility. The physician performing this physical examination has permission to release the findings to the Department of Nursing. *NOTE*: *Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.*

►_____   _____ _____

  Student's Signature   **Date**

HEALTH ASSESSMENT

LAB TESTS/IMMUNIZATIONS:
1. **TB skin test (Mantoux, T-Spot, TB Gold In-Tube test (QFT-GIT) only,** TINE test not acceptable):

    Date:_____   Results:_____

    a. Chest X-ray (**required only if TB test is positive; suggested for smokers**):
    Date:_____Results:_____
    b. Antitubercular drug therapy administered? _____ Drugs:_____
    Dates given:

2. **Influenza**: Vaccine/ Mist: Date: _____ (must be within ONE year)

Physical Exam:
Students are expected to be in good health since they will deal directly with patients in health care settings. The Department of Nursing requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student's level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during campus and clinical laboratories. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent.

******Based on the history and your examination**, is this student's mental and physical health sufficient to perform the classroom and clinical duties of a nursing student?

►**Provider's Initials Required**:   **Yes**_____   **No**_____

Additional Comments: _____ _____

_____ _____

_____

►Physician/CRNP Name (please print)_____ Signature:_____

Address: _____ Date of Exam: _____

_____Phone Number: _____

THE ALABAMA COLLEGE SYSTEM
NURSING PROGRAMS
ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

1) Sensory Perception
   a) Visual
      i) Observe and discern subtle changes in physical conditions and the environment
      ii) Visualize different color spectrums and color changes
      iii) Read fine print in varying levels of light
      iv) Read for prolonged periods of time
      v) Read cursive writing
      vi) Read at varying distances
      vii) Read data/information displayed on monitors/equipment
   b) Auditory
      i) Interpret monitoring devices
      ii) Distinguish muffled sounds heard through a stethoscope
      iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
      iv) Effectively hear to communicate with others
   c) Tactile
      i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
   d) Olfactory
      i) Detect body odors and odors in the environment
2) Communication/ Interpersonal Relationships
   a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
   b) Work effectively in groups
   c) Work effectively independently
   d) Discern and interpret nonverbal communication
   e) Express one's ideas and feelings clearly
   f) Communicate with others accurately in a timely manner
   g) Obtain communications from a computer
3) Cognitive/Critical Thinking
   a) Effectively read, write and comprehend the English language
   b) Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
   c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
   d) Satisfactorily achieve the program objectives
4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
   c) Maintain balance from any position
   d) Stand on both legs
   e) Coordinate hand/eye movements
   f) Push/pull heavy objects without injury to client, self or others
   g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
   h) Walk without a cane, walker or crutches
   i) Function with hands free for nursing care and transporting items
   j) Transport self and client without the use of electrical devices
   k) Flex, abduct and rotate all joints freely
   l) Respond rapidly to emergency situations
   m) Maneuver in small areas
   n) Perform daily care functions for the client
   o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
   p) Calibrate/use equipment
   q) Execute movement required to provide nursing care in all health care settings
   r) Perform CPR and physical assessment
   s) Operate a computer
5) Professional Behavior
   a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Perform safe, effective nursing care for clients in a caring context
   e) Understand and follow the policies and procedures of the College and clinical agencies
   f) Understand the consequences of violating the student code of conduct
   g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
   h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
   i) Not to pose a threat to self or others
   j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
   k) Adapt to changing environments and situations
   l) Remain free of chemical dependency
   m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
   n) Provide nursing care in an appropriate time frame
   o) Accepts responsibility, accountability, and ownership of one's actions
   p) Seek supervision/consultation in a timely manner
   q) Examine and modify one's own behavior when it interferes with nursing care or learning

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program. Describe any special accommodations requested on a separate sheet.

_____

► _____
Student's Signature

_____
Printed Name

_____
Date