



ARIZONA MEDICAL TRAINING INSTITUTE HEALTH AND SAFETY DOCUMENTATION

Student Name: _____

Date: _____

Clearance for Participation in Classroom and Clinical Practice

It is essential that nursing assistant students be able to perform a number of physical activities in the classroom and clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. *Examples of these requirements include but are not limited to:* **Physical ability, flexibility, strength and stamina** - Standard work day requires various abilities including standing, walking, sitting, bending, flexing, lifting, twisting, stooping, kneeling, reaching, stretching, pushing and pulling to gather and stock supplies, operate equipment (computers, various types of medical devices, hospital beds, etc.), and perform required functions of patient care. Often must lift, carry or move objects weighing up to 40 pounds. Occasionally must assist patient position, transfer, or transport requiring lifting in excess of 40 pounds. **Physical ability, coordination, dexterity** - Gross and fine motor abilities sufficient to perform required functions of patient care; hand-wrist movement, hand-eye coordination, and simple firm grasping required for fine motor-skills and manipulation; fine and gross finger dexterity required. **Comprehend and process information; calculations** - Engage in written and oral directives related to patient care, focusing and remembering information given by faculty to assimilate and apply to patient care; comprehend and process instructions readily; perform mathematical functions on fluid intake/output, vital signs...etc.. **Use of touch** - Normal tactile feeling required. Sensitivity to heat, cold, pain, pressure, etc. **Use of auditory sense** - Ability to hear and interpret many people and correctly interpret what is heard; i.e., physicians' orders whether verbal or over telephone, patient complaints, physical assessment (especially heart and other body sounds), fire and equipment alarms, etc. **Use of sight** - Acute visual skills necessary to detect signs and symptoms, body language of patients, color of wounds and drainage, and possible infections anywhere. Interpret written word accurately, read characters and identify colors on the computer screen. **Ability to problem solve** - Integrate information through critical thinking based on information gathered on patients during clinical sessions, and during class sessions that are applied to the clinical process. **Speak, read, write, & use English language effectively. Communicate effectively in interactions with others verbally, nonverbally & in written form** - Effectively interacts with the environment and other persons. Ability to communicate effectively in English. Absence of speech impediments, ability to communicate with wide variety of people and styles, ability to be easily understood. Reading, writing, recording, and documenting critical patient information required.

The classroom and clinical nursing assistant experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. *Examples of these requirements include but are not limited to:* The emotional maturity and stability to approach highly stressful human situations in a calm and rational manner. The ability to make clinical judgment using critical thinking. Functions effectively under stress; flexible, concern for others; able to provide safe nursing care and work in environment with multiple interruptions and noises, distractions, and unexpected patient needs.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a nursing assistant student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Telephone: _____