Cincinnati State
TECHNICAL AND COMMUNITY COLLEGE

STUDENT PHYSICAL EVALUATION FORM
REQUIRED FOR DIRECT PATIENT CARE /CLINICAL EXPERIENCE

Student Name: _____ STUDENT ID: _____

HEALTHCARE PROFESSIONAL: COMPLETE THIS SECTION

Name / Address of HealthCare Provider

_____

_____

_____

Date of Physical Examination: _____

_____ **(provider initials**) I have reviewed the Essential Functions Table on page 2-4 of this form. The student named above has had a complete physical examination and to the best of my knowledge has no physical, sensory, cognitive nor interactive restrictions for safe and effective direct patient care.

_____ **(provider initials)** This individual is free of communicable diseases that would prohibit safe direct patient care in the healthcare setting.

Signature of Healthcare Provider: _____Date: _____

STUDENT: COMPLETE THIS SECTION

_____**(student initials)** I have uploaded vaccination records in accordance with the program requirements including: Hepatitis B #1, #2, #3 (or HEPLISAV-B 2 series or positive titer), Varicella #1, #2 (or positive titer), MMR #1, #2 (or positive titer), TDAP (renewed every 10 years), Annual Flu vaccine, and proof of negative TB screening test within the past year.

_____ **(student initials)** I understand that it is my responsibility to notify the Program Director and Clinical Coordinator of any relevant change in my overall health while I am enrolled in the program.

_____ **(student initials)** I authorize Cincinnati State to release this information as necessary to any clinical facility utilized as part of my educational experience or in event of an emergency.

_____ **(student initials)** I understand that it is my responsibility to maintain records including vaccinations, screenings, CPR certifications, and health insurance throughout my nursing program. All changes in health insurance coverage must be reported to the compliance officer. Incomplete student health records will result in inability to enroll, register, and/or attend clinical.

Signature of Student: _____Date: _____

initials, signatures and dates must be complete and page one uploaded to castlebranch (DISA healthcare). It is the student's responsibility to make certain castlebranch has accepted all documents and account is **"complete".*

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Health and Public Safety students are required to perform essential functions related to both patient safety as well as student health. Please review the Essential Functions Table:

Functional Ability	Core Performance Standard
Gross Motor Skills	• Move within confined space • Sit and maintain balance • Stand and maintain balance • Reach above shoulders (IVs) • Reach below waist (plug-ins)
Fine Motor Skills	• Pick up objects with hands • Grasp small objects with hands • Write with pen or pencil • Key/type (use a computer) • Pinch/pick or otherwise work with fingers (syringe) • Twist (turn knobs with hands) • Squeeze with finger (eye dropper)
Physical Endurance	• Stand (at client side during procedure • Sustain repetitive movement (CPR) • Maintain physical tolerance (work entire shift)
Physical Strength	• Push and pull 25 pounds (position clients) • Support 25 pounds of weight (ambulate client) • Lift 25 pounds (transfer client) • Move light objects up to 10 pounds • Move heavy objects weighing from 10 to 50 pounds • Defend self against combative client • Carry equipment/supplies • Use upper body strength (CPR, restrain a client) • Squeeze with hands (fire extinguisher)
Mobility	• Twist • Bend • Stoop/squat • Move quickly • Climb (ladder, stools, stairs) • Walk

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SENSORY	Visual • See objects up to 20 inches away • See objects up to 20 feet away • Use depth perception • Use peripheral vision • Distinguish color • Distinguish color intensity Tactile • Feel vibrations (pulses) • Detect temperature • Feel differences in surface characteristics (skin turgor) • Feel differences in sizes, shapes (palpate vein) • Detect environmental temperature Smell • Detect odors from client • Detect smoke • Detect gases or noxious smell Hearing • Hear normal speaking level sound • Hear faint voices • Hear faint body sounds (BP) • Hear in situations not able to see lips (when using masks) • Hear sound alarms
COGNITIVE	• Read and understand written and electronic documents • Read and understand columns of writing (flow sheets) • Read digital displays • Read graphic printouts (I&O) • Calibrate equipment • Covert numbers to/from metric • Read graphs (vital sign sheets) • Tell time • Measure time (duration) • Count rates (pulse rate) • Use measuring tools (thermometer) • Read measurement marks (scales) • Add, subtract, multiply, divide • Compute fractions (medication dosages)

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	• Use a calculator • Write numbers in records • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem-solve • Prioritize tasks • Use long term memory • Use short term memory • Identify cause and effect relationships • Plan/control activities for others Synthesize knowledge and skills • Sequence information
INTERACTIVE	• Negotiate interpersonal conflict • Interact respectfully with individuals, families, and groups • Relate to clients, families, and co-workers with caring and sensitivity • Communicate in English with accuracy and clarity • Convey oral and written information efficiently • Demonstrate computer literacy • Establish therapeutic boundaries • Provide client(s) with emotional support • Adapt to changing environment/stress • Deal with unexpected (crisis) • Focus attention on the task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions (grief) • Emotional Stability