



Physical Abilities Requirement

Student Name: _____

Semester Applied to Enter: _____

R-Regularly	O-Occasionally		
Abilities	R	O	Measurable Descriptor
Vision: Corrected or Normal	X		Ability to read requisitions, physician orders, instructions on equipment, labels, reports
Hearing	X		Hear a patient talk in a normal tone from a distance of 15 feet
Intelligible oral communication	X		Communication with patients, team members
Appropriate non-verbal communication	X		Therapeutic communication with client, rapport and trust with client and health care team
Pushing	X		Lbs/ft: 100, equipment, patient carts with and without pts.
Pulling	X		Lbs/ft: 50, equipment, patient carts
Lifting	X		Lbs/ft: 50, clients, equipment, and supplies
Floor to waist	X		Lbs 75: 3 man lift of patients
Waist to shoulder	X		Lbs 35: equipment and supplies
Shoulder to overhead	X		Lbs 10: equipment and supplies
Reaching overhead	X		Ht/lbs appropriate; equipment
Reaching forward	X		Use of equipment, supplies, and cassettes
Carrying	X		Lbs 40: equipment 50 yds
Standing	X		Long periods, up to eight hours;
Sitting	X		Infrequent and short periods, break and lunch
Squatting	X		Infrequent and short periods; adjusting equipment, cleaning
Stooping/Bending	X		Infrequent and short periods; adjusting equipment
Kneeling/Crouching		X	Infrequent and short periods; adjusting equipment
Walking	X		Long periods of time: up to eight hours;
Running		X	Infrequent, emergency situations
Stairs (ascending/descending)	X		Infrequent, emergency situations
Turning (head/neck/waist)	X		Frequent extended periods; may position for long periods
Repetitive leg/arm movement	X		Frequent, use of equipment
Use of foot or hand controls	X		Short periods, use of equipment

I have read, understand, and accept the above working conditions expected of a student in the academic and clinical settings and certify that I am able to meet these requirements.

Student Signature _____ Date _____