

CEI Nursing Department Health Declaration/Physical Examination Form

This form must be completed by a licensed health care provider (MD, DO, NP, or PA).

Please read and complete ALL information.

Student Applicant Contact Information

Student Applicant Name: _____ Student Applicant ID #: _____
Street Address: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____
Email: _____ Cell Phone: _____

Health Declaration

Nursing students are required to be able to meet and/or perform **the Technical Standards Essential for Nursing Practice**. These standards include a number of physical activities that students must perform in the skill lab and clinical portion of the program, with or without reasonable accommodation. These activities may include lifting clients, performing physical activities for several hours at a time without rest, obtaining readings from medical instruments, placing and obtaining objects from areas above the shoulders and below the waist, receiving verbal instructions, and communicating effectively with members of the healthcare team, clients, and families. The clinical experience also places the students under considerable mental and emotional stress as they undertake responsibilities and duties impacting clients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

Physical Examination

In conducting your physical examination to determine whether the above-named applicant can meet the **Technical Standards Essential for Nursing Practice** listed on the next page, please include an evaluation of the following systems:

- Basic vital statistics to include height, weight, blood pressure, pulse, respiration, and temperature
- Vision (Snellen Chart)
- Hearing (Gross-whisper heard at 3 feet)
- EENT
- Cardiovascular System
- Respiratory System
- GI System
- GU System
- Neuromuscular System
- Musculoskeletal System
- Endocrine System
- Integumentary System
- Neurological System

Please read the CEI Nursing Department **Technical Standards Essential for Nursing Practice** listed on the next page and then complete the two questions.

Technical Standards Essential for Nursing Practice

Functional Ability	Standard	Example of Required Activity
Gross Motor Skills	Gross motor skills sufficient to provide the full range for safe and effective client care activities	<ul style="list-style-type: none"> • Move within confined spaces such as treatment room or operating suite • Assist with turning and lifting clients • Administer CPR
Fine Motor Skills	Fine motor skills sufficient to perform manual psychomotor skills	<ul style="list-style-type: none"> • Pick up and grasp small objects with fingers such as insulin syringe, pills • Perform tracheostomy suctioning, insert urinary catheter
Physical Endurance	Physical stamina sufficient to remain continuously on task for up to a 12 hour clinical shift while standing, sitting, moving, lifting, and bending to perform client care activities	<ul style="list-style-type: none"> • Walk/stand for extended periods, turn, position, and transfer clients. • Manually resuscitate clients in emergency situations
Physical Strength	Physical strength sufficient to perform full range of required client care activities	<ul style="list-style-type: none"> • Push and pull 250 pounds on wheelchair, bed, or gurney • Lift and move heavy objects up to 50 pounds
Mobility	Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend/stoop/squat, reach above shoulders and below waist, and move quickly, manual and finger dexterity; and hand-eye coordination to perform nursing activities	<ul style="list-style-type: none"> • Move around in work areas and treatment areas. Position oneself in the environment to render care without obstructing the position of other team members or equipment
Hearing	Auditory ability sufficient for physical monitoring and assessment of client health care needs	<ul style="list-style-type: none"> • Hear normal speaking level sounds • Hear auscultatory sounds • Hear auditory alarms (monitors, fire alarms, call bells) • Hear cries for help
Visual	Normal or corrected visual ability sufficient for accurate observation and performance of nursing care	<ul style="list-style-type: none"> • See objects up to 20 feet away • Visual acuity to read calibrations on 1 ml syringe • Assess skin color (cyanosis, pallor)
Tactile	Tactile ability sufficient for physical monitoring and assessment of health care needs	<ul style="list-style-type: none"> • Feel vibrations (pulses) • Detect temperature changes • Palpate veins for cannulation •
Smell	Olfactory ability sufficient to detect significant environmental and Client odors	<ul style="list-style-type: none"> • Detect odors from client (foul smelling drainage, alcohol breath) • Detect smoke
Emotional/Behavioral/ Mental Health	Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions	<ul style="list-style-type: none"> • Establish rapport with clients, instructors and members of the healthcare team • Respect and care for persons whose appearance, conditions, beliefs, and values may be in conflict with their own. • Deliver nursing care regardless of the client's race, ethnicity, age, gender, religion, sexual orientation, or diagnosis
Professional Attitudes and interpersonal skills	Present professional appearance and demeanor; demonstrate ability to communicate with clients, supervisors, members of healthcare team to achieve a	<ul style="list-style-type: none"> • Conduct themselves in a composed, respectful manner in all situations and with all persons • Work with teams and work groups

	positive and safe work environment. Follow instructions and safety protocols. Honesty and integrity beyond reproach.	<ul style="list-style-type: none"> • Establish and maintain therapeutic boundaries • Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation • Demonstrate prompt safe completion of all client care responsibilities • Adapt rapidly to changing environments/stress • Exhibit ethical behaviors and exercise good judgment
Communication	Oral communication skills sufficient to communicate in English with accuracy, clarity, and efficiently with clients, their families, and the members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect, and body language.	<ul style="list-style-type: none"> • Give verbal directions and follows verbal directions from other members of the healthcare team and participate in healthcare team discussions for client care • Elicit and record information about health history, current health status and responses to treatment for clients or family members • Convey information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective, and timely manner • Recognize and report critical client information to their caregivers.

Licensed Health Care Provider’s Conclusions Questions #1 and #2 must be answered.

1. To the best of your knowledge, do the results of your physical examination indicate that the student applicant will be able to deliver safe and efficient client care while in the Nursing Program?
Yes **OR** No (circle one)

If no, please explain. If additional space is required, please attach your explanation on letterhead stationery.

2. To the best of your knowledge, can the applicant perform ALL of the Technical Standards Essential for Nursing Practice? Yes **OR** No (circle one)

If no, please explain which standards the applicant is unable to perform and why. If additional space is required, please attach your explanation on letterhead stationery.

ATTENTION STUDENT APPLICANT: If the health care provider’s response to question # 1 or # 2 is “No”, the student must contact CEI Disability Resources Center (DSR) to determine if reasonable accommodations can be made. Enrollment into the Nursing Department will be pending evaluation by the CEI DSR office and the Nursing Department.

Licensed Health Care Provider (MD, DO, NP, or PA)

Signature of Licensed Health Care Provider:

_____ Date: _____

Please PRINT clearly or type

Name of Licensed Healthcare Examiner: _____

Title: _____

Phone Number: _____

Address: _____