

**MONROE COMMUNITY COLLEGE**

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_

**STUDENT CHECKLIST EVALUATION OF TECHNICAL STANDARDS  
FOR NURSING**

**Student: Essential Functions for Participation in the Nursing Program**

The faculty identifies these Essential Functions as necessary for both student and faculty participation in the nursing program: Are you able to perform the following required functions:

|                | Yes                      | No                       |              | Yes                      | No                       |              | Yes                      | No                       |
|----------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| Stand          | <input type="checkbox"/> | <input type="checkbox"/> | Climb        | <input type="checkbox"/> | <input type="checkbox"/> | Twist        | <input type="checkbox"/> | <input type="checkbox"/> |
| Sit            | <input type="checkbox"/> | <input type="checkbox"/> | Carry        | <input type="checkbox"/> | <input type="checkbox"/> | Feel         | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk           | <input type="checkbox"/> | <input type="checkbox"/> | Hold/support | <input type="checkbox"/> | <input type="checkbox"/> | See          | <input type="checkbox"/> | <input type="checkbox"/> |
| Bend           | <input type="checkbox"/> | <input type="checkbox"/> | Push         | <input type="checkbox"/> | <input type="checkbox"/> | Hear         | <input type="checkbox"/> | <input type="checkbox"/> |
| Reach          | <input type="checkbox"/> | <input type="checkbox"/> | Pull         | <input type="checkbox"/> | <input type="checkbox"/> | Speak        | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift > 35 lbs. | <input type="checkbox"/> | <input type="checkbox"/> | Grasp        | <input type="checkbox"/> | <input type="checkbox"/> | Detect Odors | <input type="checkbox"/> | <input type="checkbox"/> |

Each participant in the nursing program must have the ability, unaided or with the assistance of reasonable accommodation, to perform these Essential Functions. Reasonable accommodation is a modification or adjustment that enables an otherwise qualified individual with a disability to have an opportunity to attain the same level of performance or to enjoy equal benefits and privileges that are available to a similarly situated individual without a disability. A reasonable accommodation is defined on a case-by-case basis and must take into consideration:

1. the specific abilities and functional limitations of the individual
2. the specific functional requirements of the nursing program.

Reasonable accommodations are directed toward providing an equal educational and/or employment opportunity for the disabled individual while providing for the safety of the individual, client, and agency staff.

Each participant in the nursing program, either unaided or with the assistance of reasonable accommodation, must be able to:

1. carry out standard nursing skills required by a Registered Nurse such as, but not limited to, performing physical assessment, maintaining sterile technique, performing cardiopulmonary resuscitation
2. manipulate equipment that requires both fine and gross motor skills such as, but not limited to sphygmomanometer, infusion controller/pump, syringe, weight scale
3. communicate in an understandable manner
  - a. verbally: person-to-person, over telecommunications devices
  - b. in writing: longhand, by electronic/computer devices
4. interpret written, verbal and electronic communication accurately

| Yes                      | No                       | Not Known                |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**(turn over)**

- 5. maintain an alert level of consciousness and orientation to time, place and person at all time
- 6. maintain a level of functioning unimpaired by substances such as alcohol, prescription or illegal drugs.

| Yes | No | Not Known |
|-----|----|-----------|
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If you have answered “no” or “not known” please explain below:

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Signature \_\_\_\_\_

Date \_\_\_\_\_