

## Division of Allied Health - CLS Clinical Standards

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

Please take this form with you for your physical examination. Your physician must sign this form with approval that you meet these standards. These standards are a requirement for clinical experiences in this program.

**Physician Name** \_\_\_\_\_

Place and "X" next to each standard that is **NOT** met and give a brief explanation regarding any restrictions that may apply.

**Physical Activity Requirements**

*Frequent*

- \_\_\_ 1. Standing: While performing test analysis.
- \_\_\_ 2. Reaching: While performing test analysis.
- \_\_\_ 3. Fingering: While entering data into the computer.
- \_\_\_ 4. Grasping: While handling equipment and specimens.
- \_\_\_ 5. Talking: While communicating with co-workers, patients and/or staff to instruct or relay information.
- \_\_\_ 6. Hearing: To receive information.
- \_\_\_ 7. Lifting: Up to 10 pounds to put away/retrieve books, manuals, and trays.

*Occasional*

- \_\_\_ 8. Pushing and Pulling: While stocking supplies, opening drawers, closing drawer and delivering specimens.
- \_\_\_ 9. Lifting: Up to 50 pounds while handling supplies.
- \_\_\_ 10. Climbing: While storing and retrieving supplies and ascending, descending stairs.
- \_\_\_ 11. Feeling: Perceiving the nature of the veins by touching the skin with the fingertips.

**Physical Demand Requirements**

- \_\_\_ 12. Exerts up to 50 pounds of force occasionally and 10-20 pounds frequently to store and retrieve supplies and manipulate testing equipment.

**Visual Acuity Requirements**

- \_\_\_ 13. Works with computer terminals, instrumentation with small moving parts, reads labels and work lists, aliquots specimens, reads instructions, records data; needs to be able to distinguish between colors.

**Intellectual and Emotional Requirements**

- \_\_\_ 14. Ability to maintain both a high standard of courtesy and cooperation in dealing with co-workers, patients and visitors and satisfactory job performance within the stress of a hospital work environment.
- \_\_\_ 15. Adaptability to accepting responsibility for the direction, control, or planning of an activity.
- \_\_\_ 16. Adaptability to situations involving the interpretation of feelings, ideas, or facts in terms of personal viewpoint.
- \_\_\_ 17. Adaptability to influencing people in their opinions, attitudes, or judgments about ideas or things.
- \_\_\_ 18. Adaptability to making generalizations, evaluations or decisions based on sensory or judgmental criteria.
- \_\_\_ 19. Adaptability to making generalizations, evaluations or decisions based on measurable or verifiable criteria.
- \_\_\_ 20. Adaptability to dealing with people beyond giving and receiving instructions.
- \_\_\_ 21. Adaptability to performing under stress when confronted with emergency, critical, unusual, or dangerous situations, or situations in which working speed and sustained attention are make-or-break aspects of the job.

- \_\_\_ 22. Adaptability to situations requiring the precise attainment of set limits, tolerances, or standards.
- \_\_\_ 23. Adaptability to performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure.

**Tools/Equipment**

- \_\_\_ 24. Automated analyzers, Centrifuge, Microscope, Pipetting devices, Flow cytometer, Laminar flow hood, Computers, Telephone, Phlebotomy equipment

**Clinical Conditions**

- \_\_\_ 25. Students are subject to chemical hazards.
- \_\_\_ 26. Students in the clinical setting have been identified as having the likelihood of occupational exposure to blood or other potentially infectious materials, therefore, are included in the OSHA Exposure Control Plan with its specification for preventing contact with the above materials.
- \_\_\_ 27. Students are exposed to sharps.
- \_\_\_ 28. Students are subject to inside environmental conditions.

**Please check one box that applies to the student and complete the information below.**

- This person **MEETS** the above clinical standards.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

- This person **DOES NOT MEET** all of these clinical standards. Please specify the number for each standard not met and comment with restrictions for each.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_