



# VERIFICATION OF STUDENT HEALTH HISTORY & PHYSICAL EXAM Respiratory Care Program

Students admitted to the Respiratory Care Program are required to have their medical provider complete this form.

Please check the appropriate box indicating your status upon entering the program at this time:

- Admit
- Readmit
- Returning from Medical Leave of Absence within same semester.

Students participating in BCC's Respiratory Care Program must be capable of performing the Respiratory Care Program's Essential Functions with or without reasonable accommodation\*. The Respiratory Care Program's Essential Functions establishes the minimum physical and mental requirements for all students participating in the programs' courses and clinical.

Student Information	
Name	_____
<i>Please print: Last</i>	<i>First</i> <span style="margin-left: 150px;"><i>Middle</i></span>
Student ID#	DOB ____/____/____
Medical Provider Verification	
Based on my review of the student's health history, medical examination of the student, review of the Respiratory Therapy Program's Essential Functions, and student attestation of their ability to perform the Essential Functions, this student is:	
<input type="checkbox"/>	Cleared for all classroom/lab/clinical participation without restriction
<input type="checkbox"/>	Not cleared
<input type="checkbox"/>	Not cleared at this time; will require a meeting with the Disability Service Center to assess for the applicability/appropriateness of accommodations*
<input type="checkbox"/>	Not cleared at this time; short term limitation that will require a follow-up visit to the physician: List restrictions:
Medical Provider Information	
Medical Provider	_____
Office/Practice	_____
Telephone	- - - - - Fax - - - - -
Address	Street/PO Box _____ City _____ State _____ Zip _____
Date of Physical Exam	____/____/____
Medical Provider Signature	<div style="border: 1px solid black; width: 300px; height: 20px; display: inline-block;"></div> <span style="margin-left: 20px;">Date ____/____/____</span>

Return all information to: Nursing Immunization and Records Office  
Berkshire Community College, Hawthorne Hall, Office #323  
1350 West Street, Pittsfield, MA 01201

\*If you are a student with a disability and need accommodations, please contact the Disability Resource Center at 236-1614.

# Essential Functions: Respiratory Care Program

Berkshire Community College seeks to provide equal access to its programs, services and activities for people with disabilities. Therefore, to the extent practicable, the College will endeavor to make a reasonable academic adjustment for an applicant with a disability who is otherwise qualified.

The Essential Functions of a student enrolled in the Respiratory Therapy Program requires that the student, with or without reasonable accommodations, must be able to:

## Body Mechanics/Endurance:

1. Demonstrate the ability to perform essential functions for a maximum of a 12-hour shift.
2. Demonstrate the ability to protect a patient when the patient is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers.
3. Demonstrate the ability to safely move a patient over 100 pounds from one surface to another using the appropriate level of help.
4. Demonstrate safe body mechanics in the process of all patient treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
5. **Sustain repetitive movements**
6. **Move at a pace that will allow the student to answer a patient's emergency needs**
7. **Defend self against combative patient**

## Gross/Fine Motor Skills:

8. **Sit and stand maintaining balance**
9. Demonstrate the ability to perform occasional overhead extension.
10. **Reach below waist**
11. Demonstrate the ability to manipulate dials on equipment.
12. Demonstrate the ability to coordinate simultaneous motions.

## Sensory Perception:

13. Demonstrate the ability to hear blood pressure, heart and lung sounds with or without corrective devices.
14. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
15. Distinguish color changes.
16. Detect an unsafe environment and carry out appropriate emergency procedures including:
  - Detecting subtle environmental changes and odors including but not limited to the smell of burning electrical equipment, smoke and spills.
  - Detect high and low frequency sounds, including but not limited to alarms, bells, and emergency signals.

## Psychosocial Adaptation:

17. Displays mental and emotional flexibility to change.
18. Demonstrates ability to establish and maintain effective professional relationships with others.
19. Communicate effectively, safely and efficiently in English by:
  - Explaining procedures
  - Receiving information from others
  - Receiving information from written documents
  - Exhibiting appropriate interpersonal skill (refer to ANA Code for Nurses)
  - Analyzing and documenting assessment findings and interventions

These are the *Essential Functions of the Respiratory Care Program*. If there are any reasons why you may not be able to perform these functions with or without reasonable accommodations, you should notify the Program Director as soon as possible.

I have read and am aware of the policy regarding Essential Functions. I understand that if there are any reasons I cannot perform these functions, I must notify the Program Director to arrange reasonable accommodations or innovative assistance.

Student Signature

Date

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Student Name

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