



# VERIFICATION OF STUDENT HEALTH HISTORY & PHYSICAL EXAM PRACTICAL NURSING (PN) PROGRAM

Students entering the PN 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 PN Program must be capable of performing the PN Program's Essential Functions with or without reasonable accommodation\*. The PN Program's Essential Functions establishes the minimum physical and mental requirements for all students participating in the programs' courses and clinical and is available on the reverse side of this form.

Student Information
Name _____ <small><i>Please print:    Last    First    Middle</i></small>
Student ID# _____    DOB ____/____/____
Medical Provider Verification
Based on my review of the student's health history and medical examination of the student and review of the PN Program's Essential Functions (on reverse), this student is: <input type="checkbox"/> Cleared for all classroom/lab/clinical participation without restriction <input type="checkbox"/> Not cleared (see below) <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* (see below) <input type="checkbox"/> Not cleared at this time; short term limitation that will require a follow-up visit to the Health Care Provider. <b>If student is not cleared, please indicate the number of Essential Functions restricted _____ . Please comment on restriction(s):</b>  
Medical Provider Information
Medical Provider _____ Office/Practice _____ Telephone ____-____-____    Fax ____-____-____ Address _____ <small><i>Street/PO Box    City    State    Zip</i></small> Date of Physical Exam ____/____/____ Medical Provider Signature _____    Date ____/____/____

Return all information to: Nursing Immunization and Records Office  
 Attn: Colleen Hunkler  
 Berkshire Community College, Hawthorne Hall, Office #323  
 1350 West Street, Pittsfield, MA 01201  
 Phone: 413-236-4609 or Fax: 800-724-9943 or Email: medicalrecords@berkshirecc.edu

\*If you are a student with a disability and need accommodations, please contact the Disability Resource Center at 413-236-1608.  
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## Essential Functions

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 Practical Nurse Certificate program requires that the student, with or without reasonable accommodations, must be able to:

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. Demonstrate the ability to manipulate dials on equipment.
6. Demonstrate the ability to coordinate simultaneous motions.
7. Demonstrate the ability to perform occasional overhead extension.
8. Demonstrate the ability to hear blood pressure, heart and lung sounds with or without corrective devices.
9. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
10. Demonstrate the ability to perform nursing interventions such as sterile procedures, dressing changes, follow infection control procedures and administer medications (including dosage calculations when necessary).
11. Display adaptability to change.
12. Establish effective relationships with others.
13. 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
14. Distinguish color changes.
15. Detect an unsafe environment and carry out appropriate emergency procedures including:
  - a. Detecting subtle environmental changes and odors including but not limited to the smell of burning electrical equipment, smoke and spills.
  - b. Detect high and low frequency sounds, including but not limited to alarms, bells, and emergency signals.

These are the *Essential Functions of the Practical Nurse Certificate 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 \_\_\_\_\_

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