

## **Health Care Provider Release Form**

The physical and professional capacity assessment completed by your Primary Care Provider is not the same as your annual exam. This assessment is very specific to your abilities to perform as a CMU Department of Health Sciences' student and meet the requirements listed. This initial assessment is required to ensure the student is able to safely meet the physical demands associated with the student clinical experience. Please see the list of Professional Competencies and Physical Duties, on the Student Attestation form, with or without reasonable accommodations for the performance of program duties. The assessment must be completed no earlier than 90 days prior to the start of class.

Student Name:		
CMU ID:	DOB:	1 <sup>st</sup> Day of Class for
		Program Admitted:
	TO BE COMPLE	TED BY HEALTHCARE
		ROVIDER
I have verified that	the individual examined is	s the named individual on this form. I find that this
individual (please ini	tial all that apply):	
is able to mee	t his/her/their clinical/lab o	bligations without reasonable accommodation.
is able to mee	t his/her/their clinical/lab o	bligations WITH reasonable accommodation.
Elaborate on substan	ntial limitations of major life	e activities (if any)
		of Healthcare Provider:
Finited name of Hea	iitiitare Provider:	
Name of Facility:		
Phone Number:		

## Student Attestation of Competence: This section to be completed by the student

Applicant must complete the assessment form as required for admission to a CMU Department of Health Sciences program. Failure to complete the form will result in forfeiture of placement in the program.

The applicant must affirm, by initialing, they understand a student must be able to perform the listed essential fundamental duties with or without reasonable accommodation to participate in the clinical/lab courses in the Department of Health Sciences.

<u>Protessional Competencies</u>	
1. Must demonstrate critical thinking and exercise good judgement in the classroom and clinical environment.	l
2. Demonstrate self-regulation and commitment to professional behavior.	
3. Must collaborate professionally with all members of the health care team and acaden community.	nic
Physical Duties	
1. Strength: must lift, push, pull; sufficient to move and carry equipment, transfer patier and perform CPR. (Transferring patients and CPR are not applicable to MLT/Phleboto Students)	
2. Mobility: must ambulate, bend, stoop, reach, and stand for long periods of time; coor and balance sufficient to assist patients within confined spaces.	<sup>·</sup> dination
3. Fine Motor skills: perform skilled procedures as directed and manipulate accessory equipment (example: tubes, syringes, IV's, specialty equipment/devices).	
4. Speech: must be able to communicate clearly and effectively.	
5. Vision: must have sufficient vision (with or without correction) to perform required du	ities.
6. Hearing: must have sufficient hearing (with or without hearing devices) to perform reduties.	quired
If you will need a reasonable accommodation to perform any of the above listed fundamenta review <u>Apply for Accommodations</u> on the Educational Access Services (https://www.coloradomesa.edu/educational-access/new-students.html) page.	ıl duties,
Date:Student's Signature:	
Student's Printed Name:	