



**Nursing Division
Functional Abilities Statement**

To meet the physical and mental performance competencies of the Division of Nursing and professions, the student must be able to:

PHYSICAL DEMAND	HRS PER SHIFT
Fingering/keyboarding	2 – 3 hours
Lifting/Carrying 1-10 lbs.	3 – 4 hours
Lifting/Carrying 11-20 lbs.	0 – 30 minutes
Lifting/Carrying 21-50 lbs.	0 – 10 minutes
Lift/Move Patient w/help	0 – 5 minutes
Vision to assure safety of others	4 – 7 hours
Hearing to assure safety of others	4 – 7 hours
Oral/written communication	4 – 7 hours
Cognitive function	No impairment

PHYSICAL DEMAND	HRS PER SHIFT
Standing	3 – 4 hours
Walking	3 – 4 hours
Sitting	2 – 3 hours
Climbing stairs	0 – 15 minutes
Bending/Stooping	15 – 30 minutes
Kneeling	0 – 15 minutes
Foot controls	0 – 15 minutes
Reaching above shoulders	15 – 30 minutes
Reaching floor-knee	0 – 15 minutes
Respiratory function	Prolonged Mask Use

**CENTRAL ARIZONA COLLEGE NURSING DIVISION
Statement of Understanding**

The Americans with Disabilities Act of 1990 (42 U.S.C. § 12101, *et seq.*) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Central Arizona College makes every effort to ensure a quality education for students and the safety of patients in the provision of nursing care. The purpose of this document is to ensure that the students acknowledge that they have been provided information on the essential functional abilities required of a student in the Nursing Division. In addition, information was given to the student on reasonable accommodations to meet the *Functional Abilities* at this time.

This form is to be completed upon admission to any Division of Nursing program and as requested should the student situation warrant e.g. Clinical Placement.

_____ I have read and I understand the *Functional Ability Categories* specific to a student in the Division of Nursing.

_____ I am able to meet the *Functional Abilities* as presented, and have been provided with information concerning accommodations or special services if needed at this time.

_____ I understand as a student healthcare worker I may be working with patients with a variety of contagious conditions to include (but not limited to) HIV, VRE, MRSA, and hepatitis.

Name of Student (Please print)

Signature of Student

Date

NP/PA/MD (Please print)

Signature of Provider

Date