

**Delaware County Community College
Nursing Assistant Program
Medical Verification Form**

To the Health Care Professional: PLEASE READ

Essential Skills and Functional Abilities:

I have, this day, given _____ a thorough physical examination and based on my findings, which include medical history; believe he/she is physically and mentally able to undertake the Nursing Assistant Program at Delaware County Community College. The student is in good health. He/she is free of **any** communicable disease, can lift 50 pounds, and has no known deficits that would interfere with the ability to participate in a clinical setting.

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

Does the student have any limitations that will interfere with patient safety? YES or NO

If yes, please explain: _____

Healthcare Provider

OFFICE STAMP

Health Care Provider Signature: _____
Licensed Healthcare Provider (M.D., D.O., N.P., P.A.) Date

Print Name: _____ Telephone Number: _____

Address: _____