

Physical Therapist Assistant

Health Requirements Checklist

All MATC Health Science students are required to complete and upload health requirements prior to petitioning for courses which contain a clinical component. MATC School of Health Sciences has partnered with CertifiedBackground.com to provide health record tracking for all MATC Health Sciences students. The cost of the health record tracking (\$35) is the responsibility of the student.

Use the steps below to complete the CertifiedBackground (CB) electronic health record tracking process.

1. Visit CertifiedBackground.com website: www.certifiedbackground.com
2. Click on Student
3. Enter the **package code MF54im** (package code is specific to the Physical Therapist Asst program)
4. Follow the directions to setup your CB account

* The cost of the health examination and immunizations are your responsibility. You may be able to obtain health care services at your local Health Department or you may call 1-866-211-3380 for a list of clinics in your area.

* If a student is accepted into core technical courses via petitioning, he or she will receive instructions for completing a mandatory drug test. The cost for the drug test is an additional \$34 per a test.

TO DO:

- Acknowledgment of Essential Functions**-Functional Abilities Form
- Health Certification Requirements**
 - 1) **Certification of student's good health by a physician, physicians assistant or nurse practitioner.**
 - 2) **Immunizations**
 - a) MMR immunizations shots **1 and 2** **OR**
 - b) Rubella **AND** Rubeola titer (Lab results must be attached)
AND
 - c) Chicken pox - Proof of having had chicken pox or chicken pox immunization per authorized medical signatures **OR** Varicella titer (Lab results must be attached)
 - 3) **TB skin test, Step 1 and Step 2**
(2 negative TB skin tests within 30 days of each other)
 - a) Chest x-ray, only if TB skin test was positive
 - b) Quantiferon TB Gold blood test option
 - 4) **Tetanus Shot**
 - 5) **Hepatitis B Release Form** - Signed and verifying Hepatitis B status
 - 6) **CPR** – American Heart Association, Healthcare Provider (upload a copy of the card)
 - 7) **Health Sciences Handbook Acknowledgment Form**
 - 8) **Clinical/Field Placement Liability Release Form**

MILWAUKEE AREA TECHNICAL COLLEGE
School of Health Sciences
Essential Functions
for the
Physical Therapy Assistant Program

The Americans with Disabilities Act (ADA) prohibits discrimination of persons with disabilities. In keeping with this law, MATC makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions necessary for this program and occupation.

Students requiring accommodation and/or special services to meet the essential functions of the program should contact the MATC Student Accommodation Services at any MATC campus.

The following physical, cognitive and environmental performance standards are encountered by students in this program.

ESSENTIAL FUNCTIONS

| | Never | Sometimes 1-30% | Frequently 31-75% | Always 76-100% | Frequently is per: Day | Job Essential | |
|---|-------|--------------------|----------------------|-------------------|---------------------------|---------------|----|
| | | | | | | Yes | No |
| SPEECH | | | | | | | |
| Speak English with Clarity | | | | X | X | X | |
| Communicate in English with Clarity | | | | X | X | X | |
| HEARING | | | | | | | |
| Conversation | | | | X | X | X | |
| Telephone | | X | | | | X | |
| SIGHT | | | | | | | |
| Natural or Corrected Without Assistance | | | | X | X | X | |
| Depth Perception | | | | X | X | X | |
| Color Vision | | | | X | X | | X |

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|---|-------|--------------------|----------------------|-------------------|---------------------------|---------------|----|
| | | | | | | Yes | No |
| LIFTING WEIGHT OF OBJECTS | | | | | | | |
| 10 lbs. Max | | | | X | X | X | |
| 20 lbs. Max (10 lbs. Frequent) | | | X | | X | X | |
| 50 lbs. Max (25 lbs. Frequent) | | | X | | X | X | |
| 100 lbs. Max (50 lbs. Frequent) | | X | | | | | X |
| PUSHING/PULLING | | | | | | | |
| 10 lbs. Max | | | X | | X | X | |
| 20 lbs. Max (10 lbs. Frequent) | | | X | | X | X | |
| 50 lbs. Max (25 lbs. Frequent) | | | X | | X | X | |
| 100 lbs. Max (50 lbs. Frequent) | | X | | | | X | |
| MOBILITY using <u>each</u> extremity (right <u>and</u> left) as applicable | | | | | | | |
| Standing | | | | X | X | X | |
| Move about Facility | | | | X | X | X | |
| Bending | | | X | | X | X | |
| Crawling | | X | | | X | X | |
| Crouching | | | | | X | X | |
| Body Rotation | | | | X | | X | |
| Running | | X | | | | | X |
| Walking (forward, backward and sideways) | | | | X | X | X | |
| Climbing | | X | | | | | X |
| Stairs with Rail | | | X | | X | X | |

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| | | | | | | Yes | No |
| BALANCE | | | | | | | |
| Maintains single limb support right and left LE with eyes open for 30 seconds each LE | | X | | | | X | |
| Reaches forward 6" in 2 leg standing without loss of balance | | X | | | | X | |
| MOVEMENT TRANSITIONS | | | | | | | |
| Supine to/from standing position | | X | | | X | X | |
| Supine to/from sitting position | | X | | | X | X | |
| Sitting to/from standing position | | X | | | X | X | |
| Kneeling on floor to/from, standing position | | X | | | X | X | |
| Squatting to/from standing position | | X | | | X | X | |
| REACHING using each extremity (right and left) as applicable | | | | | | | |
| Overhead | | | | X | X | X | |
| In Front of Body | | | | X | X | X | |
| Down | | | | X | X | X | |
| GRASPING | | | | | | | |
| Overhead | | | | X | X | X | |
| In Front of Body | | | | X | X | X | |
| Down | | | | X | X | X | |
| SITTING | | X | | | X | X | |
| SMELLING | X | | | | | | X |
| TASTING | X | | | | | | X |

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| | | | | | | Yes | No |
| FINE MOTOR CONTROL (working with small objects and using each hand (right and left). | | | | | | | |
| Hands | | | | X | X | X | |
| Fingers/Tactile Sense (the ability to feel when touching) | | | | X | X | X | |
| Wrist | | | | X | X | X | |
| COORDINATION | | | | | | | |
| Eye/Hand with both hands/arms | | | | X | X | X | |
| Eye/Hand/Foot with both hands/arms/feet | | | | X | X | X | |
| ALLERGIES/ SENSITIVITIES | | | | | | | |
| Tolerance to Latex | | | | X | X | X | |
| Tolerance to Bee Stings | | X | | | | | X |
| COGNITIVE/MENTAL FACTORS | | | | | | | |
| REASONING | | | | | | | |
| Deal with abstract and concrete variables, define problems, collect data, establish facts, and draw valid conclusions | | | | | | X | |
| Interpret instructions furnished in oral, written, diagrammatic, or schedule form | | | | | | X | |

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| | | | | | | Yes | No |
| Deal with problems varying from standard situations | | | | | | X | |
| Carry out simple to complex writing and oral instructions | | | | | | X | |
| Carry out at least one or two step instructions | | | | | | X | |
| Ability to perform complex or varied tasks | | | | | | X | |
| Ability to make generalization, evaluations or decisions without immediate supervision | | | | | | X | |
| MATHEMATICS | | | | | | | |
| Complex skills - algebra | | | | | | X | |
| Simple skills - add, subtract, multiply and divide whole numbers and fractions, calculate time and simple measurements | | | | | | X | |
| READING | | | | | | | |
| Complex skills - Comprehend medical records, manuals, journals, instructions in use and maintenance of equipment, safety rules and procedures and drawings | | | | | | X | |

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| | | | | | | Yes | No |
| WRITING | | | | | | | |
| Complex skills - Prepare medical documentation, report summaries using prescribed format and conforming to all rules of punctuation, spelling, grammar, diction and style | | | | | | X | |
| PERCEPTION | | | | | | | |
| Spatial - ability to comprehend forms in space and understand relationships of plane and solid objects; frequently described as the ability to "visualize" objects of two or three dimensions, or to think visually of geometric forms | | | | | | X | |
| Form - ability to perceive pertinent detail in objects or in pictorial or graphic material; to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of line | | | | | | X | |

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| | | | | | | Yes | No |
| CLERICAL | | | | | | | |
| Ability to perceive pertinent detail in verbal or tabular material; to observe differences in copy, to proof-read words and numbers, and to avoid perceptual errors in arithmetic computation. | | | | | | X | |
| DATA | | | | | | | |
| Synthesizing | | | | | | X | |
| Coordinating | | | | | | X | |
| Analyzing | | | | | | X | |
| Compiling | | | | | | X | |
| Computing | | | | | | | |
| Copying | | | | | | X | |
| Comparing | | | | | | X | |
| PERSONAL TRAITS | | | | | | | |
| Ability to comprehend and follow instructions | | | | | | X | |
| Ability to perform simple and repetitive tasks | | | | | | X | |
| Ability to maintain a work pace appropriate to a given work load | | | | | | X | |
| Ability to relate to other people beyond giving and receiving instructions | | | | | | X | |
| Ability to influence people | | | | | | X | |

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| | | | | | | Yes | No |
| Ability to accept and carry out responsibility for direction, control and planning | | | | | | X | |
| <i>ENVIRONMENTAL FACTORS</i> | | | | | | | |
| Works indoors | | | | | | X | |
| Works outdoors | | | | | | X | |
| Exposure to extreme hot or cold temp | | | | | | | X |
| Working at unprotected heights | | | | | | | X |
| Being around moving machinery | | | | | | X | |
| Exposure to marked changes in temperature/humidity | | | | | | X | |
| Exposure to dust, fumes, smoke, gases, odors, mists or other irritating particles (aerosol spray from equipment) | | | | | | X | |
| Exposure to toxic or caustic chemicals | | | | | | X | |
| Exposure to excessive noises | | | | | | | X |
| Exposure to radiation or electrical energy | | | | | | X | |
| Exposure to solvents, grease, or oils | | | | | | X | |
| Exposure to slippery or uneven walking surfaces | | | | | | X | |
| Exposure to vibration | | | | | | | X |
| Works alone | | | | | | X | |
| Works around others | | | | | | X | |
| Works with others | | | | | | X | |

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| | | | | | | Yes | No |
| Exposure to Blood and Other Potentially Infectious Materials (OPIM) | | | | | | X | |
| SAFETY EQUIPMENT (REQUIRED TO WEAR) | | | | | | | |
| Safety glasses | | | | | | X | |
| Face mask/face shield | | | | | | X | |
| Ear plugs | | | | | | | X |
| Hard hat | | | | | | | X |
| Protective clothing | | | | | | X | |
| Protective gloves | | | | | | X | |

If you have any questions or wish to discuss further the essential functions required of this program, please call the Health Occupations Division Office at 414-297-6263.

MILWAUKEE AREA TECHNICAL COLLEGE
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_____ I have read and I understand the essential functions for this program.

_____ I have the ability to meet the essential functions as specified.

(Print Name of Program)

(Signed)

(Date)

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Students requiring accommodation or special services to meet the essential functions of the program should contact the MATC Student Accommodation Services at any MATC campus.

_____ I require the following accommodations to meet the essential functions as specified and I have provided supporting documentation from my health care provider to the MATC Student Accommodation Services.

(Signed)

(Date)