



KNOX TECHNICAL CENTER

308 Martinsburg Road • Mount Vernon, OH 43050

• Phone: 740.393.2933 • Main Fax: 740.397.1659 • Nursing Fax: 740.397.5828

PHY-REL-MED

MEDICAL RELEASE

Dear Medical Professional:

The individual below has applied to the Knox Technical Center program(s) checked below:

State Tested Nurse Aide Practical Nursing LPN to RN Transition Massage Therapy Public Safety

The program(s) requires the student to be in direct contact through the patient care with other students and the general public. During the course of this professional training, he/she will be attending training involving patient contact and care. He/she will be required to participate in physically demanding training related to the profession. For this reason, the following health clearance is important to the school for both the student's well-being, as well as that of the general public.

Please certify that you have examined this student and indicate whether or not he/she suffers from a disease, physical or mental/emotional condition which would prevent him/her from safely performing as a student of the above noted program(s).

STUDENT INFORMATION - (Student: Please print and sign)

First Name	Middle Name	Last Name
Mailing address (# and street or P.O. box)		City State Zip Code
Date of Birth	Student's Signature to Authorize Information Release:	

PROGRAM SPECIFIC QUALIFICATIONS

Minimal acceptable mental and physical qualifications of an applicant include the following abilities:

1. Ability to frequently work in a standing/bending position and do frequent walking.
2. Ability to lift and transfer patients (across the life span) from a stooped position, then push or pull the weight of the individual to achieve a desired position for the client.
3. Ability to lift and transfer patients from a stooped to an upright position to accomplish bed-to-chair and chair-to-bed transfers.
4. Ability to physically apply up to 10 pounds of pressure to bleeding sites, or in performing CPR.
5. Ability to hear, comprehend, respond and react immediately and appropriately to auditory instructions/requests/monitor equipment alarms and perform auditory auscultation without auditory impediment.
6. Ability to physically perform tasks of nursing care delivery during an 8-hour or 12-hour shift, one to two times per week throughout the program of study.
7. Ability to perform close and distance visual activities involving objects, persons and paperwork, as well as demonstrate depth and color perception.
8. Ability to read medication labels and patient records, including fine print instructions with visual accuracy.
9. Ability to discriminate between sharp/dull and hot/cold when using hands.
10. Ability to perform tasks requiring manual dexterity such as but not limited to, preparing and administering medications.
11. Cognitive ability to perform decision making and problem-solving based on patient data and the clinical situation.
12. Emotional ability to cope and adapt when faced with stressful situations.

I have examined the above-named individual and determine that:

- The individual is **FULLY CLEARED** to work, performing the duties associated with the identified program of study.
- The individual is **NOT CLEARED** to work, performing the duties associated with the identified program of study for the following reasons: _____
- Referral for clearance relating to _____ is recommended.

Physician or Nurse Practitioner's Signature	Print Name	Date
Mailing address (# and street or P.O. box)	City	State Zip Code
Telephone	TO KNOX TECHNICAL CENTER STUDENT: PLEASE RETURN TO KTC UPON RECEIPT.	