



KNOX TECHNICAL CENTER • Adult Education at Knox County Career Center
308 Martinsburg Road • Mount Vernon, OH 43050 • Phone: 740.393.2933 • Fax: 740.397.1659

MEDICAL RELEASE

Dear Medical Professional:

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

- Health Information Technician**

 Medical Assistant

 Phlebotomy

The program(s) requires the student to be in direct contact, in an ambulatory setting with general public and in the clinical laboratory with other students. During the course of the professional training, the students will be engaging in physical interaction with patients. For this reason, the health clearance is important to the school for the well-being of the students, as well as the well-being 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 up to 6 inches from a stooped position, then push or pull the weight up to 3 feet.
3. Phlebotomy: 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.
4. Ability to lift and transfer patients from a stooped to an upright position to accomplish exam table-to-chair and chair-to-exam transfers.
5. Ability to physically apply up to 10 pounds of pressure to bleeding sites, or in performing CPR.
6. Ability to hear, understand, respond and react immediately and appropriately to auditory instructions/requests/monitor equipment, and perform auditory auscultation without auditory impediment.
7. Ability to physically perform up to an 8-hour clinical laboratory or administrative work experience; 40-hour/week externship experience.
8. Ability to perform close and distance visual activities involving objects, persons, and paperwork, as well as demonstrate depth and color perception.
9. Ability to discriminate between sharp/dull and hot/cold when using hands.
10. Manual dexterity required for preparing and administering medications, typing and transcription of records, claims, etc.
11. Ability to read orders, medication labels, patient records, including fine print instructions with visual accuracy.
12. Ability to perform mathematical calculation for medication preparation/administration, accounting, transcription, claims, etc.
13. Ability to clearly speak English well enough for most patients to understand, and the ability to understand the English language to enable verbal communication with English speaking clients.
14. Ability to effectively communicate in writing, using appropriate grammar, vocabulary, and word usage.
15. Ability to cope and adapt to make quick decisions under stressful situations.
16. Ability to carry out procedures that prevent the spread of infection, e.g., frequent hand-washing, using mask, gloves, PPE's.
17. Ability to critically think and problem-solve, e.g., calculating, reasoning, and prioritizing, based on patient data and the clinical situation.

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.			