

<b>Student Name:</b> <i>(First, Middle, Last)</i>	<b>Warrior ID:</b>
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**Functional Abilities/Essential Requirements Checklist and Statement by Student**  
**Must be taken to Healthcare Provider Appointment for review**

A candidate for the nursing program must possess essential functional abilities in order to provide safe and effective patient care. These reflect the National Council of State Boards of Nursing (1996) essential functional ability categories and representative attributes found at [https://www.ncsbn.org/1996\\_Part4.pdf](https://www.ncsbn.org/1996_Part4.pdf). In the event a student cannot meet one or more of the standards, with or without reasonable accommodation, the student will not be admitted/retained in the nursing program. The nursing program in conjunction with the WSU Access Services will determine, on an individual basis, whether a reasonable accommodation can be made. I understand that this disclosure is necessary to protect my health and well-being, as well as, the health and well-being of patients for whom I may provide care. All individually identifiable health information shall be maintained in a manner to protect confidentiality and only shared with those persons that have authority to receive and handle such information.

<b>Candidates for selection to the Nursing Program must be able to:</b> <i>(For any Partial or No answers, please explain on the next page.)</i>		<b>Student Self-Evaluation of each category</b>		
<b>Category</b>	<b>Functional Ability / Essential Requirements / Examples</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>
Gross Motor	Ability to move within confined spaces; maintain balance in multiple positions; reach below waist ( <i>e.g., plug electrical appliance into wall outlet</i> ); reach out front.			
Fine Motor Skills	Grasp, pinch, twist, squeeze ( <i>e.g., record/chart</i> ); hand coordination ( <i>e.g., manipulate equipment</i> ).			
Mobility	Twist/bend/stoop/squat; move quickly ( <i>e.g., response to an emergency</i> ); climb stairs; walk ( <i>e.g., walk with client</i> ).			
Physical Endurance	Maintain physical activity for length of clinical shift.			
Physical Strength	Push, pull and lift 25 pounds; move up to 50 pounds of weight; use upper/lower body strength.			
Visual	See objects up to 20 feet away ( <i>e.g., information on computer screen, skin, client in room</i> ); use depth perception; use peripheral vision; distinguish color and color intensity.			
Hearing	Hear normal level speaking sounds; hear faint voices/whisper.			
Smell	Detect body and environment odors.			
Tactile	Feel vibrations ( <i>e.g., pulse</i> ); detect temperature ( <i>e.g., skin, liquids, environment, equipment</i> ); feel differences in surface characteristics ( <i>e.g., rashes, swelling</i> ).			
Environment	Tolerate exposure to allergens ( <i>e.g., latex products, chemical substances</i> ); tolerate heat and humidity ( <i>e.g., giving showers</i> ).			
Emotional Stability	Ability to provide client with emotional support; adapt to changing environment/stress; focus attention on task; cope with strong emotions in others ( <i>e.g., anger, grief</i> ); respond to the unexpected ( <i>e.g., death, emergencies</i> ); maintain emotional control.			
Interpersonal Skills	Establish appropriate relationships with clients, families, and coworkers; respect cultural differences in others; handle interpersonal conflict.			
Reading	Read and understand written documents ( <i>e.g., flow sheets, charts, graphs</i> ); read digital displays.			
Communication	Interact with others; speak English; write English; listen and understand spoken and written word.			
Math	Add/subtract/multiply/divide; measure; tell time/count.			
Problem Solving	Know the difference between serious and minor problems; apply knowledge and skill; organize and use information.			



## Health Assessment of Nursing Student by Health Care Provider

Student Name: \_\_\_\_\_ Warrior ID: \_\_\_\_\_  
*(Print)*

### Statement of Physical and Emotional Health by Provider

I have completed an exam with this student who is applying for admission to a nursing program at Winona State University. After reviewing the Functional Abilities checklist and statement completed by the student, it is my judgment that this student:  
*(check one)*

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Is able to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Functional Abilities checklist.  |
| <input type="checkbox"/> | Is able to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Functional Abilities checklist <u>with</u> the following restrictions or accommodations <i>(List Accommodations)</i> : |
| <input type="checkbox"/> | Is unable to physically and/or emotionally perform the essential requirements for safe and effective nursing practice as specified in the Functional Abilities checklist.   |

Additional Comments or Concerns from Provider:

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name, institution, address, and phone number *(provider stamp or business card is acceptable)*.