WINONA
STATE UNIVERSITY
Department of Nursing

Student Name:	Warrior ID:
(First, Middle, Last)	

Functional Abilities/Essential Requirements Checklist and Statement by <u>Student</u>
<u>Must be taken to Healthcare Provider Appointment for review</u>

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. 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.

Candidates for selection to the Nursing Program must be able to: *(For any Partial or No answers, please explain on the next page.)*		**Student Self-Evaluation of each category**		
Category	**Functional Ability / Essential Requirements / Examples**	**Yes**	**Partial**	**No**
Gross Motor	Ability to move within confined spaces; maintain balance in multiple positions; reach below waist *(e.g., plug electrical appliance into wall outlet)*; reach out front.			
Fine Motor Skills	Grasp, pinch, twist, squeeze *(e.g., record/chart)*; hand coordination *(e.g., manipulate equipment)*.			
Mobility	Twist/bend/stoop/squat; move quickly *(e.g., response to an emergency)*; climb stairs; walk *(e.g., walk with client)*.			
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 *(e.g., information on computer screen, skin, client in room)*; 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 *(e.g., pulse)*; detect temperature *(e.g., skin, liquids, environment, equipment)*; feel differences in surface characteristics *(e.g., rashes, swelling)*.			
Environment	Tolerate exposure to allergens *(e.g., latex products, chemical substances)*; tolerate heat and humidity *(e.g., giving showers)*.			
Emotional Stability	Ability to provide client with emotional support; adapt to changing environment/ stress; focus attention on task; cope with strong emotions in others *(e.g., anger, grief)*; respond to the unexpected *(e.g., death, emergencies)*; 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 *(e.g., flow sheets, charts, graphs)*; 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.			

For any Partial or No answers on previous page checklist, please explain here:

Candidates for selection to the nursing program will be required to verify that they understand and meet these essential functional abilities or that they believe with certain accommodations, they can meet the standards. Access Services *(Maxwell Hall 314 or 507-457-5878 or access@winona.edu)* will evaluate a student who states he/she could meet the program's functional abilities with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the functional abilities with accommodation, then the University and the Department of Nursing will determine whether it agrees that the student can meet the functional abilities with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all classroom work, campus labs, and clinical experiences deemed necessary to graduation.

Functional Abilities Statement by Student
Student: Please sign <u>one</u> category below as appropriate for you

<u>OPTION 1:</u>   No Accommodations Requested

I certify that I have read and understand the essential functional abilities for selection to the Nursing Program listed above, and I believe to the best of my knowledge that <u>I meet each of these standards without accommodation</u>. I have no known medical condition that either directly impacts my ability to function safely in the clinical setting or if the medical condition is poorly controlled or managed, changes my ability to function safely in the clinical setting. I understand that if I am unable to meet these standards continually, I will not be admitted or retained in the program.

Name *(print)*	Signature	Date

<u>OPTION 2:</u>   Request for Accommodations

I certify that I have read and understand the essential functional abilities for selection to the Nursing Program listed above, and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I understand that if I have a medical condition that either impacts my ability to function safely in the clinical setting or if poorly controlled or managed, changes my ability to function safely in the clinical setting, I will make appropriate accommodation to maintain patient and personal safety. I will contact the WSU Access Services (Maxwell Hall 314 or 507-457-5878 or Access@winona.edu), to determine what accommodations may be available. I understand that if I am unable to meet these standards continually, with or without accommodations, I will not be admitted or retained in the program.

Name *(print)*	Signature	Date

Student: Take both forms with you to the provider for a health assessment.

1. **Functional Abilities/Essential Requirements Checklist and Statement by Student** form - This form is to be completed on both sides by student <u>and</u> signed by the student.
2. **Health Assessment of Nursing Student by Health Care Provider** form - Provider is to sign the 'Health Assessment of Nursing Student by Health Care Provider" form.
3. Submit *both* completed forms together to the Department of Nursing.

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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)*
☐	Is able to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Functional Abilities checklist.
☐	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 *(List Accommodations)*:
☐	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)*.