MPLID	Name (LAST, First, M.I.)	Job Title	P.I.N.

## PHYSICAL REQUIREMENTS FOR NURSING & REHABILITATIVE SERVICES

**VISION:** Vision adequate to: perform patient care and/or administer medications; observe patients; read assignments, procedures, labels, signs, dials, displays; record data; and distinguish colors

**HEARING:** Hearing adequate to: utilize stethoscope; receive reports and instructions; utilize Center communication system; and hear patient requests and alarms.

**SPEECH:** Speech adequate to: clearly and audibly report observations, call emergencies, and explain procedures in providing care to predominantly English speaking patients and others.

**MOBILITY:** Mobility adequate to: be on feet most of 8 hours with two 15 minute breaks and one 30 minute break; walk, squat, bend, and kneel; access stairs; use hands and fingers to grip and hold; use arms for reaching and extending in a full range of motion in providing personal care, grooming, feeding tasks and/or administering medication and treatments to patients; physically turn, position, ambulate, and transport patients with mechanical lift (routine care) independently or with assistance; lift and carry up to 25 pounds without assistance; and push or pull (maneuver) wheelchairs, geri chairs, carts, etc. weighing up to 500 pounds or 25 lbs. of force as measured by a Chatillon force gauge or similar device. In emergency situations must transfer patients with 2, 3, or 4 person lift technique on level surface or stairs.

**ENVIRONMENT:** Must be able to work with all chemicals involved in performing the essential functions of the job.

**ADMINISTRATIVE DUTIES:** If assigned administrative duties, must be able to sit for extended periods of time.

**JOB ASSIGNMENT:** Must be able to work on any unit or shift as assigned or to float to other units or shifts to meet the needs of the organization.

I have reviewed the duties of my position and understand the physical requirements of the job and can perform them with or without reasonable provided accommodations.

Employee Signature\_\_\_\_\_

Date\_\_\_\_