Ivy Tech Community College of Indiana
School of Nursing
Fitness for Duty

All students are required to meet all the functions listed below in order to participate in lab, simulation, and clinical activities. Students who develop illnesses or conditions involving limited activity, or change in ability, while enrolled in the nursing program must notify their campus nursing dean and provide documentation from their care provider which includes a written statement that they are physically and mentally capable of undertaking the all the fitness for duty requirements prior to resuming and participating in lab, simulation, and clinical activities. Students will not be permitted to participate in clinical, lab, or simulation activities without a written statement outlining the student’s ability to meet all the fitness for duty functions. **Students with documented need for accommodations are to meet with the campus Disabilities Support Services Representative.** See ASOM 5.3: [https://www.ivytech.edu/files/5.3-Accommodation-Admitted-Students.pdf](https://www.ivytech.edu/files/5.3-Accommodation-Admitted-Students.pdf)

Instructions:
- The health care provider must complete, **initial, and sign all sections as indicated**.
- This document is required at the time of admission to the program and after any physical or mental change.
- It is the student’s responsibility to ensure that the form is complete and signed in all required areas prior to participation in the nursing program.

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**THIS SECTION TO BE COMPLETED BY THE STUDENT**

Student Name: ___________________ Student ID: C ____________ Date of Birth ___/___/____

Address: ___________________________________________________________________

Phone: Home ____ - ____- _____ Work____ - ____- _____ Cell ____ - ____- _____

Email: _______________________________

- I understand that the information on this form or the form itself may be given to clinical affiliate sites as required for institutional accreditation.
- By signing this agreement, I affirm that I meet all requirements listed below and I do not have any physical or mental limitations which would prevent me from performing the fitness for duty requirements.

<table>
<thead>
<tr>
<th>Name of Student (PRINT)</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>_______________________</td>
<td>__________________</td>
<td>______</td>
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<tr>
<td>Functional Ability/Category</td>
<td>Standard</td>
<td>Examples of Necessary Activities (Not all inclusive)</td>
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<td>----------------------------</td>
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<tr>
<td><strong>Motor Abilities</strong></td>
<td>• Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.</td>
<td>• Mobility sufficient to carry out patient care procedures such as assisting with ambulation of patients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces, such as treatment room or operating suite. • Move within confined spaces, sit and maintain balance, reach above shoulders (e.g., IV poles), and reach below waist. • Twist, bend, stoop/squat, move quickly (e.g. response to an emergency), climb (e.g., ladders/stools/stairs), and walk. • Push and pull 25 pounds (e.g., position patients), support 25 pounds (e.g., ambulate patient), lift 25 pounds (e.g., pick up a child, transfer a patient), move light object weighing up to 10 pounds, move heavy objects, defend self against combative patient, carry equipment/supplies, use upper body strength (e.g., perform CPR, restrain a patient), and squeeze with hands (e.g., operate fire extinguisher).</td>
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<tr>
<td><strong>Manual Dexterity</strong></td>
<td>• Demonstrate fine motor skills sufficient for providing safe nursing care.</td>
<td>• Pick up objects with hands, grasp small objects with hands, write with pen or pencil, key/type using computer, pinch/pick or otherwise work with fingers (e.g., manipulate syringe), twist or turn knobs or objects using hands, squeeze with fingers(s).</td>
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<tr>
<td><strong>Perceptual/Sensory Ability</strong></td>
<td>• Sensory/perceptual ability to monitor and assess patients. • Sensory ability to understand speech, hearing, reading, and writing.</td>
<td>• Sensory abilities sufficient to hear alarms, auscultate sounds, and hear cries for help, etc. • Visual acuity to read calibrations on 1 cc syringe, assess color (e.g., cyanosis, pallor, identify color of body fluids, etc.). • Tactile ability to palpate pulses, feel skin temperature, palpation veins, etc. • Olfactory ability to detect smoke or noxious odors</td>
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<tr>
<td><strong>Communication</strong></td>
<td>• Required communication abilities, including speech, hearing, reading, writing, language skills</td>
<td>• Ability to communicate in English with accuracy, clarity and efficiency (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). • Gives verbal directions to or follows verbal directions from others.</td>
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</tbody>
</table>
I have reviewed the requirements outlined above and based on my assessment and the medical history and information provided by the patient, I have not identified any physical or mental limitations which would prevent the student from performing the fitness for duty requirements.

Yes □ No □ comments______________________________________________

PROVIDER PRINTED NAME/CREDENTIALS: ____________________________
(MD, DO, NP, PA)

PROVIDER SIGNATURE: ____________________________________________

DATE:_____________________________ PROVIDER PHONE: _____-____-____