

HEALTH RECORD FORM
University of Detroit Mercy – College of Health Professions
4001 W. McNichols
Detroit, MI 48221-3038

Student Information: (to be completed by student)

Name: _____ Birth Date: _____

Release of Information: I authorize the release of medical information concerning immunization status, immunity and TB status to the University of Detroit Mercy for the purpose of determining my suitability to provide or be associated with the care of patients of all ages. Additionally, I understand the results of my medical and immunization status will be sent to the clinical agencies where I may complete educational experiences. By signing below, I give consent to share this information as the program determines and authorize the program to share this information with clinical practice sites.

Student signature: _____ Date: _____

Medical Information: (to be completed by healthcare provider)

I have examined this individual and completed their medical exam that includes complete physical exam, immunization history and history of past and current medical findings.

The above named individual will be providing and/or assisting with the delivery of health care to patients of all ages. It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of those patients (see reverse for required standards).

You are asked to answer the following: How would you describe this student's general physical and mental condition and health? (Check box that applies)

- Good physical and mental health condition to work with patients of all ages and meets the technical standards (LISTED ON REVERSE OF THIS FORM).
- Condition or health problem exists that would limit the ability to work with patients of all ages and meet the technical standards listed on the reverse. Please explain in COMMENTS section and include if reasonable accommodation may be needed.
- Physical/mental condition or health problem exists which would adversely affect, with or without reasonable accommodation, the ability of this student to care for patients of all ages, such that the patients would be exposed to health and safety risks. This student cannot meet the technical standards described on the back of this form.

COMMENTS:

Provider Signature: _____ Date of Examination: _____

Printed Provider Name: _____

Address: _____ Phone Number: _____

THIS FORM IS TO BE COMPLETED, SIGNED AND RETURNED TO:

Nursing (Graduate and Undergraduate) – upload to your ACEMAPP account

Nurse Anesthesia – upload to your Typhon account

Physician Assistant – upload to your ACEMAPP and Typhon account

Health Services Administration – Attn: Munai Newash newashmt@udmercy.edu 313-993-1146

Health Information Management – Attn: Paula Strussione-Summer pstrussi@udmercy.edu 313-578-0569

TECHNICAL STANDARDS

A candidate for the College of Health Professions must have the abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner. The following skills are required with or without accommodation.

Observation: Candidates must have sufficient sensory capacity to observe in the classroom, the laboratory, the outpatient setting and the patient's bedside. Sensory skills adequate to perform health assessment are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information through procedures regularly required in a history and physical examination, such as interviewing, inspection, auscultation, percussion and palpation.

Communication: Candidates must be able to communicate effectively in both academic and health settings. Candidates must show evidence of effective written and verbal communication skills and the ability to work in teams.

Motor: The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation, drawing blood or starting intravenous lines) is required. Candidates must have sufficient motor function to execute movements reasonably required to provide care to patients, including the ability to help move or lift them. Candidates must be able to negotiate patient care environments and must be able to move between settings, such as clinic, classroom building and hospital.

Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory and clinical experiences.

Intellectual: Candidates must be able to measure, calculate, reason, analyze and synthesize. Problem solving, one of the critical skills demanded of healthcare professionals, requires all of these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and understand the spatial relationship of structures. Candidates must be able to read and understand medical and scientific literature. In order to complete the chosen degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in clinical problem-solving and patient care.

Behavioral and Social Attributes: Candidates must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgement, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the health care team is essential. The ability to effectively function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills and concern for all required.

Candidates must be willing and able to follow program and practice guidelines. They must practice ethically and within legal and regulatory authority.

I attest that I am in good physical and mental health condition to work with patients of all ages and that I meet all of the technical standards listed above.

_____ Student name Printed

_____ Student Signature

_____ Date

Please submit this form with the Health Record Form.