



## PARKLAND COLLEGE OTA PROGRAM ESSENTIAL QUALIFICATIONS AND HEALTH FORM

Students matriculating in and graduating from a Parkland College Occupational Therapy Assistant (OTA) health career program must be able to meet the Essential Qualifications of the academic program and must not pose a threat to the well-being of patients, other students, staff, or themselves. As an incoming OTA student you will need, at a minimum, the following types of skills and abilities and will need to maintain and demonstrate these abilities throughout the program.

**Students are encouraged to discuss their specific academic needs with the course instructor/program director prior to beginning a course of study. Consultation between Accessibility Services, the student and the program director are encouraged in order to address concerns.**

- Engage in decision-making and problem-solving
- Effectively use a variety of teaching/learning methods and strategies in both individual and collaborative learning situations
- Respectful of individuals and their cultural values and beliefs.
- Collaborates effectively with colleagues and other professionals.
- Utilize fine skilled movements to perform
- Ability to move a person to different positions or surfaces safely
- Walk and stand for prolonged periods of time (up to 4 hours at a time).
- Ability to assume multiple positions (such as kneeling or crawling) during therapeutic intervention
- Utilize English written and spoken language skills for effective communication with individuals in all health care professions
- Functional visual abilities (with correction, as needed) sufficient to closely observe one or more persons at a 10 foot distance, and closely monitor facial expressions, skin coloration, muscular tension, and detailed workmanship.
- Functional auditory acuity (with correction, as needed) sufficient to comprehend one or more persons engaged in conversation, and to hear monitoring, communication and safety device signals.
- Spatial reasoning abilities sufficient to plan and implement modifications of tools, materials and the environment, and to observe human movement.
- Effectively attend to multiple features of a task, personal interaction, and/or group to include ability to selectively focus and attend to key features, use divided and alternating attention between two or more features, in a quick, safe manner.
- Adapt effectively to fluctuations in emotional and physical stress levels to include ability to maintain composure in moderate to high levels of stress in emergency situations.
- Ability to maintain stable emotional and physical health throughout the duration of the program and in subsequent practice.
- Organize concepts, schedule, materials, and work space
- Organize, attend to and engage in multi-tasking in academic and client services in a timely and safe manner.
- Utilize effective work ethic skills to include attendance, punctuality, positive work attitude, respect, cooperation, teamwork, professional manners, productivity appropriate to course and job role requirements and to work with persons with diverse backgrounds.

If you have any concerns regarding these standards, please email [healthrecord@parkland.edu](mailto:healthrecord@parkland.edu).

**Parkland Community College**  
**Department of Health Professions**  
**Physical Exam** *(to be completed by a qualified health care provider)*

The student named below is entering a Health Profession program and must be able to meet the **Essential Qualifications** as listed on page 1 and 2 of this form.

Name \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal	<i>IF abnormal</i> , will it affect the student's ability to meet the <b>Essential Qualifications</b> listed?
Appearance			
Head/neck			
Skin			
Ears			
Hearing			
Eyes			
Vision			
Nose			
Mouth/Teeth/ Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Endocrine			
Neurological			

History of back injury or back problems? Yes ☐ No ☐

*If yes*, will it affect the student's ability to meet the **Essential Qualifications** listed? Yes ☐ No ☐

Is the student able to lift 50 pounds? Yes ☐ No ☐

**HEALTHCARE PROVIDER VERIFYING PHYSICAL EXAMINATION**

Based upon my exam and knowledge of this student, I believe he/she can perform the **Essential Qualifications** as outlined on page 1 and 2 of this form: Yes ☐ No ☐ If no, please explain:

\_\_\_\_\_

Signature: \_\_\_\_\_

Name and credentials (print) \_\_\_\_\_

Date: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_