



PARKLAND COLLEGE STERILE PROCESSING TECHNICIAN PROGRAM ESSENTIAL QUALIFICATIONS AND HEALTH FORM

Students in the Sterile Processing Program that are enrolled in the SPT 111 clinical course must be able to meet the Essential Qualifications of the program and must not pose a threat to the well-being of patients, other students, staff or themselves. As an incoming SPT 111 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.

- Full range of motion of body joints.
- Stand unassisted for eight (8) hours.
- Maintain adequate skin integrity, without the presence of open, weeping lesions.
- Lifting: Raising or lowering an object weighing more than 50 lbs. from one level to another occasionally, and/or 20 lbs. of force frequently, and/or up to 10 lbs. of force constantly to move objects.
- Utilize the English language to communicate effectively in a rational, coherent manner, both orally, and in writing, with individuals of all professions and social levels.
- Adapt effectively to changing environments.
- Recognize that the work environment will include exposure to diseases, blood and body fluids, and toxic substances (sterilants, chemicals, fumes, latex).
- Frequent contact with water and other liquids.
- Learn and to perform quickly without repetition of instructions.
- Maintain punctuality, positive work attitude and respect for others, professionalism and the ability to interact with persons of diverse backgrounds.
- Access needed information effectively and efficiently.
- Maintain consistent mental alertness for a period of up to eight (8) continuous hours.
- Respond in an emotionally controlled manner in learning situations.
- No disqualifying conditions as listed on the Illinois Department of Public Health (IDPH) Disqualifying Condition list.
- No positive drug screen or clearance by a Medical Review Officer.
- Meets all deadlines throughout the program.

For a full list of the essential qualifications please visit our website at:

<https://www.parkland.edu/Portals/3/Health%20Professions/Documents/SPT/SPT-TAS.pdf?ver=2017-10-19-150559-760>

If you have any concerns regarding these standards, please contact Rebecca Masters, SPT Instructor at 353-2007 or email at rmasters@parkland.edu.

Updated 3/2019

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 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 Essential Qualifications 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 of this form: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: | |
| _____ | |
| Name and credentials (print) _____ | Signature _____ |
| Date _____ | Telephone _____ |
| Official provider stamp here: | |

*student: submit copy to [Castle Branch](#) as directed