

Mental and Physical Qualifications for Professional Nursing

The following are MINIMUM mental and physical qualifications for admissions to the professional nursing program:

1. Physical:
 - a. execute movements and tasks required to provide general care and safe treatment to patients across the lifespan and in all health care settings (bending, reaching)
 - b. frequently work in a standing position (able to sit and drive up to 60 miles to get to and from clinical sites)
 - c. perform up to 12 hours clinical laboratory experience in a day
 - d. lift and transfer patients up to 6 inches from a stooped position
 - e. push or pull weight up to 3 feet.
 - f. physically apply up to 10 lbs. of pressure to bleeding sites or in performing CPR
 - g. lift at least 50 pounds
 - h. be medically stable so as NOT to be a transmitter of life-threatening organisms to patients NOR be a victim of life-threatening organisms from patients (e.g., MRSA)
2. Sensory:
 - a. respond and react immediately to auditory instructions/requests/
 - b. monitor equipment and perform auditory auscultation without auditory impediments.
 - c. perform close and distance visual activities involving objects, persons and paperwork as well as discriminate depth and color perception, sharp/dull and hot/cold when using hands.
3. Cognitive:
 - a. perform mathematical calculation for medication preparation and administration
 - b. reason, analyze, integrate, and synthesize information.
 - c. quickly read and comprehend large amounts of written materials.
 - d. communicate effectively, both orally and in writing using appropriate grammar, vocabulary and work usage
4. Emotional maturity:
 - a. make appropriate and timely decisions under stressful situations.
 - b. express ideas and feelings and demonstrate a willingness and ability to give and receive feedback
 - c. respectful behavior
 - d. impulse control

Students with disabilities should consider their ability to meet the above qualifications with reasonable accommodations. They are advised to contact the Disabilities Services at Dominican in order to receive testing and learning accommodations if needed.

Health Care Provider: _____

Address: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

Before signing this form, you attest that the student meets eligibility to attend clinical based on the physical and mental qualifications for nursing listed above.