

# Health Declaration / Physical Examination Form – MLT Program



**This form must be completed by a licensed health care provider (MD, DO, NP or PA). Please read and complete all information.**

## Student Applicant Contact Information

Student Applicant Name: \_\_\_\_\_ Student PCC I.D. #: A \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Health Declaration

Medical Laboratory Technician (MLT) students must meet and/or perform the Technical Standards Essential for MLT Practice. These technical standards include physical activities that students must perform in the skills lab and clinical portion of the program, with or without reasonable accommodation.

## Physical Examination

In conducting your physical examination to determine whether the above-named applicant is capable of meeting the Technical Standards Essential for MLT Practice listed on the back of this page, please include an evaluation of the ability of the student to meet the technical standards listed below.

## Exposure and Hazards

Medical Laboratory Professionals, including Technicians and Technologists, are at high risk for exposure to fumes, airborne particles, moving mechanical parts, toxic or caustic chemicals, electric shock, vibration, infectious organisms and exposure to blood and body fluids. Good safety practices are essential to limit exposure. Personal Protective Equipment (PPE) will be provided but does not protect against all exposure.

Please read the Medical Laboratory Technician Program Technical Standards Essential for MLT Practice listed below and complete the two questions that follow.

## Technical Standards Essential for MLT Practice

Functional Ability	Standard	Examples of Required Activities
Gross motor skills, fine motor skills and mobility	Gross motor skills for safe and effective laboratory activities; physical ability sufficient to move and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform laboratory activities	<ul style="list-style-type: none"> <li>• Move within confined spaces, in laboratory, clinic and/or patient rooms</li> <li>• Standing, reaching, squatting over, around and under equipment that cannot be adjusted for height</li> <li>• Move around in work area and treatment areas. Position oneself in the environment to perform laboratory testing or instrument maintenance or to render care without obstructing the position of other team members or equipment</li> <li>• Ability to maneuver over cords, under analyzers, over counters and in tight passages</li> </ul>

Functional Ability	Standard	Examples of Required Activities
Physical endurance and strength	Endurance and strength on task for as long as a 12-hour clinical shift while standing, sitting, moving, lifting and bending to perform laboratory activities	<ul style="list-style-type: none"> <li>• Ability to stand/walk/bend/stretch for extended periods of time</li> <li>• Ability to reach over and into large analyzers, move into and behind instruments while changing reagents, etc.</li> <li>• Ability to use arms and legs to access hard to reach areas</li> <li>• Ability to move or relocate reagents, lab equipment or lab supplies weighing up to 50 pounds</li> <li>• Ability to reach and operate overhead equipment and lift to overhead storage shelves</li> <li>• Maneuver compressed air tanks and attach to a CO2 incubator</li> </ul>
Hearing	Auditory ability sufficient for physical monitoring of equipment, alarms, timers and assessment of client health care needs	<ul style="list-style-type: none"> <li>• Hear normal speaking level sounds</li> <li>• Hear instrument alarms and normal function sounds</li> <li>• Hear auditory signals (timers, fire alarms, etc.)</li> </ul>
Visual	Normal or corrected visual ability sufficient for accurate observation and performance of laboratory testing, including color differentiation	<ul style="list-style-type: none"> <li>• See objects up to 20 feet away</li> <li>• Visual acuity to read reagent, sample and control labels</li> <li>• Interpret color change end point testing</li> </ul>
Smell	Olfactory ability sufficient to detect significant environmental and laboratory odors	<ul style="list-style-type: none"> <li>• Detect odors from instruments (e.g., burning or smoke)</li> <li>• Detect smell of small amount of certain chemicals (spill)</li> </ul>
Emotional/ Behavioral	Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions; ability to measure, calculate, reason, analyze and synthesize, integrate and apply information	<ul style="list-style-type: none"> <li>• Establish rapport with clients, instructors and members of health care team</li> <li>• Ability to work, at times under extreme pressure, with samples that may be difficult to handle (e.g., due to smell or appearance)</li> <li>• Ability to use sufficient judgment to recognize and correct performance and problem solve unexpected observations or outcomes of laboratory procedures</li> </ul>
Professional attitudes, communication and interpersonal skills	Professional appearance, demeanor and communication; oral and written communication skills to effectively and sensitively read, write and speak in English. Follow instructions and safety protocol.	<ul style="list-style-type: none"> <li>• Conduct self in composed, respectful manner</li> <li>• Give and receive verbal directions</li> <li>• Follow written technical procedures with accuracy and document results clearly</li> <li>• Remain calm and maintain professional decorum in emergency and high-stress situations</li> </ul>

**Licensed health care provider's conclusions. Questions 1 and 2 MUST be answered:**

1. To the best of your knowledge, do the results of your physical examination indicate that the student applicant will be able to deliver safe and efficient client care while in the MLT program?

Yes      No

If no, please explain. Please also indicate what, if any, accommodations would enable the student applicant to deliver safe and effective client care while in the MLT program. If additional space is required, please attach your explanation on letterhead stationery.

2. To the best of your knowledge, can the student applicant perform all of the Technical Standards Essential for MLT Practice?

Yes      No

If no, please explain which standards the applicant is unable to perform and why. Please also indicate what, if any, accommodations would enable the applicant to perform all of the Technical Standards Essential for Nursing Practice. If additional space is required please attach your explanation on letterhead stationery.

*\*\* Please sign and provide provider information on page three (the following page) of this form. \*\**

**ATTENTION STUDENT APPLICANT: If the health care provider's response to Question 1 or Question 2 is "No", the student must contact the PCC West Campus Access and Disability Resources (ADR) Office to determine if reasonable accommodations can be made. Enrollment into the MLT Program will be pending evaluation by the PCC West Campus ADR Office and the MLT Department.**

## Licensed Health Care Provider (MD, DO, NP or PA)

\_\_\_\_\_  
Signature of Licensed Health Care Provider

Date: \_\_\_\_\_

### Please PRINT clearly or type:

Name of licensed health care examiner: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Clinical Eligibility Requirements

### Required Immunizations:

All students entering the MLT Program must meet eligibility requirements to attend the clinical laboratory. This is essential for the safety of the clients at the clinical facilities used by the MLT program. The student must provide proof of meeting these requirements.

**Electronic copies** of immunization records and laboratory results of titers **must be submitted by the student along with the Health Declaration/ Physical Examination Form. DO NOT** submit any original paperwork – **COPIES ONLY!**

1. MMR (measles/ mumps/rubella): Two doses (4 weeks between doses) **or** students may provide a copy of laboratory results demonstrating immunity
2. Varicella (chicken pox): Two doses (4 weeks between doses) **or** students may provide a copy of laboratory results demonstrating immunity
3. Hepatitis B series: Three doses or students may provide a copy of laboratory results demonstrating immunity **or** sign a Hepatitis B waiver form. (Some clinical sites may not accept a waiver.)
4. Tdap (tetanus, diphtheria and pertussis): within the last 10 years, effective through the last day of the currently enrolled semester
5. Tuberculosis: Two-step negative PPD (TB skin test), effective through the last day of the currently enrolled semester **or** negative chest x-ray within the past year
6. Verification of health insurance with an electronic copy of the card, effective through currently enrolled semester
7. Negative urine drug screen for substances of abuse. (Form will be provided by PCC.)
8. Arizona Department of Public Safety (DPS) Fingerprint Clearance Card (copy of the card). Obtain an electronic application packet for fingerprint clearance by visiting [fieldprinter.arizona.com](http://fieldprinter.arizona.com), calling 602-223-2279 or faxing 602-223-2947; or contact the MLT office for assistance. The student must submit the form. This process takes at least 3 to 6 weeks and is required by the clinical sites. Note: Some clinical sites do additional student background checks, which may have an associated fee.