CABARRUS COLLEGE OF HEALTH SCIENCES
Physical and Emotional Health Assessment

To Be Completed By Student		
Last Name *First Name* *Middle Name*	*Date of Birth (mo/day/year)*	*Social Security Number*
Address	*City*	*State/Zip*
Phone (home) *Alternate Phone*	*email*	
Program: Associate of Science *Medical Assistant* *Nursing (A.D.N.)* *Nursing (BSN)* *Surgical Technology* *Medical Imaging* *Occupational Therapy Assistant* *Health Services Leadership & Management (HSLM)*		*Start date (month/year)*

(To be completed by physician, nurse practitioner, or physician's assistant)

To be completed by healthcare provider: Please read the essential functions of the college that your patient is entering and answer the questions below based on your assessment.

Essential Functions of the Cabarrus College of Health Sciences Degree and Diploma Students

1. Critical thinking ability sufficient for clinical and/or fieldwork judgment; ability to organize responsibilities, make decisions and analyze data or reports.
2. Interpersonal abilities sufficient to interact with individuals, families, and groups form a variety of social, emotional, cultural and intellectual backgrounds.
3. Communication abilities sufficient for interaction with others in verbal and written form
4. Physical abilities sufficient to move from room to room and maneuver in small places, and stand, walk or sit for extensive periods of time.
5. Gross and fine motor abilities to provide safe and effective care. Full range body motion.
6. Auditory ability sufficient to monitor and assess health needs.
7. Visual ability sufficient for observation and assessment.
8. Tactile ability sufficient for physical assessment.
9. Physical ability to lift and manipulate and/or move 45-50 pounds daily.
10. Cognitive abilities with orientation to time, place and person, ability to focus on problems and prioritize, average or above intellectual functioning.

	To the best of your knowledge:	
☐ Yes ☐ No	Is the student able to perform the essential function identified above without reasonable accommodations?	If no, please explain. If reasonable accommodations are required please explain. Attach additional paper if necessary.
☐ Yes ☐ No	Does this student have any disease or disorder of physical or emotional nature that could affect the safety of the client, fellow classmates, faculty, staff or himself/herself in the classroom, clinical or fieldwork setting?	If yes, please explain:
☐ Yes ☐ No	Is the student now taking any prescribed medications?	If yes, please list:
☐ Yes ☐ No	Are there any additional physical or emotional factors, which you believe the college should be aware?	If yes, please explain:

Please print: Name of Healthcare provider_____Title_____

Practice/Agency:_____

Address:_____

Phone:_____Length of Time you have known student_____

Relationship to student: regular healthcare provider urgent care provider

_____ _____ _____
Signature of healthcare provider Title Date

401 Medical Park Drive, Concord, NC 28025
Telephone (704) 403-1555 or 1556 Fax (704) 403-2077