

## **SECTION # 4 – PHYSICAL & MENTAL REQUIREMENTS FORM**

| Requirement   | Occasionally | Frequently | Continuously |
|---|--------------|------------|--------------|
| <b><u>General Requirements (has the ability to...)</u></b>                                  |              |            |              |
| Sit   |              |            | <b>X</b>     |
| Stand   |              |            | <b>X</b>     |
| Walk  |              |            | <b>X</b>     |
| Bend  |              | <b>X</b>   |              |
| Kneel   |              | <b>X</b>   |              |
| Crouch/Squat  |              | <b>X</b>   |              |
| Twist   |              |            | <b>X</b>     |
| Maintain Balance  |              |            | <b>X</b>     |
| Reach (above & below waist level)   |              |            | <b>X</b>     |
| <b><u>Sensory Requirements (has ability for...)</u></b>                                     |              |            |              |
| Far Vision  |              |            | <b>X</b>     |
| Near Vision   |              |            | <b>X</b>     |
| Color Vision (to evaluate the doneness and aesthetic appearance of foods prepared in class) |              |            | <b>X</b>     |
| Depth Perception (e.g. reaching in and out of hot ovens, refrigerators, pantries)           |              |            | <b>X</b>     |
| Seeing Fine Details   |              |            | <b>X</b>     |
| Hearing Normal Speech/Voice Tones   |              |            | <b>X</b>     |
| Hearing Overhead Pages/Alarms/Call Bells  |              |            | <b>X</b>     |
| Telephone Use   |              | <b>X</b>   |              |
| Taste Foods (to evaluate quality)   |              | <b>X</b>   |              |

|  |   |   |   |
|--|---|---|---|
| Physical Touch of People (for nutrition assessment of patients)  |   | X |   |
| <b><u>Required Lifting (ability to lift up to 40lbs)</u></b>   |   |   | X |
| <b><u>Pushing/Pulling (ability to push and pull up to 40lbs)</u></b>   |   |   | X |
| Pushing Patient Wheelchair   | X |   |   |
| Pushing Industrial Foodservice Equipment   |   | X |   |
| <b><u>Mental &amp; Emotional Requirements (ability to...)</u></b>  |   |   |   |
| Manage high level of stress  | X |   |   |
| Make decisions under high pressure   | X |   |   |
| Manage anger/fear/hostility of others in a calm way  | X |   |   |
| Concentrate  | X |   |   |
| Handle a high degree of flexibility/adaptability   | X |   |   |
| Handle multiple priorities in stressful situation  | X |   |   |
| Demonstrate high degree of patience  | X |   |   |
| Work in areas that are close and crowded   | X |   |   |
| Communicate in verbal, written and electronic formats  |   |   | X |
| <b><u>Hand Manipulation (ability with...)</u></b>  |   |   |   |
| Simple Grasping (e.g., carry food items needed for experimentation and preparation)  |   |   | X |
| Firm Grasping (e.g., use a utility knife to cut food)  |   |   | X |
| Fine Manipulation (e.g., using both hands to complete various steps in the food preparation process, sometimes each hand performing a different function.) |   |   | X |
| Use of Computer Keyboards  |   |   | X |

|  |            |           |   |
|--|------------|-----------|---|
| Use of Calculator  |            |           | X |
| Paperwork Processing   |            |           | X |
| Physical touch during patient/client physical assessment                         | X          |           |   |
| <b><u>Environmental Exposure (may be exposed to...)</u></b>                      | <b>YES</b> | <b>NO</b> |   |
| Infectious Diseases  | X          |           |   |
| Chemical Agents  | X          |           |   |
| Dust, Fumes, Gases, Open Flames  | X          |           |   |
| Extremes in Temperature or Humidity  | X          |           |   |
| Hazardous or Moving Equipment (e.g., sharp objects, food processors, food carts) | X          |           |   |
| Loud Noises  | X          |           |   |
| Blood Borne Pathogens  | X          |           |   |
| Combustible Oxygen Tanks   | X          |           |   |

As an EMU Coordinated Program in Dietetics Student, I understand the requirements outlined above for participation in Supervised Practice Experience rotations and courses. I believe I can meet and abide by the requirements. I am also aware that, pursuant to the Americans with Disabilities Act, and only after consultation with the EMU Disability Resource Center (DRC), I am then entitled to request and receive reasonable accommodation in meeting these requirements. This action must include signing/dating this form and providing it along with your DRC letter of accommodations to the Co-Program Directors. Please provide the letter of accommodation separately from your application so it is not included in the review process. I am also aware that under the law, reasonable accommodation is not required of the Supervised Practice Experience sites. This must be evaluated on a case-by-case basis.

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