

SECTION # 4 – PHYSICAL & MENTAL REQUIREMENTS FORM

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

Physical Touch of People (for nutrition assessment of patients)		X	
<u>Required Lifting (ability to lift up to 40lbs)</u>			X
<u>Pushing/Pulling (ability to push and pull up to 40lbs)</u>			X
Pushing Patient Wheelchair	X		
Pushing Industrial Foodservice Equipment		X	
<u>Mental & Emotional Requirements (ability to...)</u>			
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
<u>Hand Manipulation (ability with...)</u>			
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		
<u>Environmental Exposure (may be exposed to...)</u>	YES	NO	
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 Program co-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: _____