

## **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 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: \_\_\_\_\_