**Core Requirement** | **Performance Requirements**
---|---
Ability to use senses | Visual acuity with corrective lenses to identify color changes in skin, respiratory movement in patients; read fine print/writing on physician’s orders, monitors, equipment calibrations, measure medications in syringes, IV’s, etc.

   | Hearing ability with auditory aids to hear monitor alarms, emergency signals, call bells, telephone orders; to hear blood pressure, heart, lung and abdominal sounds with a stethoscope; to understand a normal speaking voice without viewing the speaker’s face.

   | Tactile ability to feel differences in skin temperature and to perform physical assessment.

Motor Ability | Physical ability to walk long distances, to stand for prolonged periods, to lift, move, and transfer patients/equipment of 50 lbs. or more, to maneuver in limited space, to perform CPR, to provide routine and emergency care, to have manual dexterity and feeling ability of hands to insert tubes, prepare medications, and perform technical skills.

Ability to Communicate | Ability to communicate effectively in verbal and written form through interaction with patients, family, and healthcare members from a variety of social, emotional, cultural, and intellectual backgrounds; to write clearly and correctly for legal documentation.

Ability to Problem-Solve | Intellectual and conceptual ability to think critically in order to make decisions, which includes measuring, calculating, reasoning, analyzing, prioritizing and synthesizing data.

Ability to Maintain Emotional Stability | Ability to function safely under stress and adapt to changing clinical and patient situations.

Reasonable accommodations will be considered on a case-by-case basis for individuals who meet eligibility under applicable statutes. Any person expecting to need accommodations should request them prior to beginning the program, as some accommodations may not be considered reasonable and may impact an applicant’s ability to complete all components of the program.

I have read the Core Requirements listed above. I am aware of the Performance Requirements of a Student Nurse at the School of Nursing, and my signature indicates I feel I can meet these requirements.

Print Name: ___________________________________________

Sign Name: ___________________________________________ Date: _______________________

**Please sign and return this form to the School of Nursing admission’s office.**