

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_



**TECHNICAL STANDARD FORM**  
**HEALTHCARE TECHNICIAN PHLEBOTOMY PROGRAM**

Current valid licensed healthcare provider (physician, physician assistant, or nurse practitioner) evaluate a student's capacity and performance related to their healthcare program within the Technical Standards Form. Students with eligible disability documentation may request reasonable accommodations by contacting the center for accessibility.

**PHYSICAL CAPACITY**

**1. LIFT**  YES  NO

Example: Move and position patients from a flat surface (floor or bed) to a wheelchair or stretcher in varied situations.

**2. BEND AND SQUAT**  YES  NO

Example: Assist patients with daily living activities; plug in patient care electrical equipment.

**3. STAND AND KNEEL**  YES  NO

Example: Assist patients who fall or faint, perform CPR.

**4. STAND AND WALK**  YES  NO

Example: Long duration of walk and stand regularly up to eight (8) hours.

**5. FULL BODY RANGE OF MOVEMENT**  YES  NO

Example: Ability to perform actions using muscles in chest, stomach, hips, back, arms, hands, and fingers.

Example: Remove, carry, and attach medical equipment (oxygen, suction, IVs) about 5 inches above ground floor.

Example: Move, lower, and raise medical equipment from at least 6 inches from ground floor to at least 6 feet over head.

Example: Push, pull, and move equipment, beds, stretchers, wheelchairs, etc.

**6. FLEXIBILITY AND STRENGTH IN FINGERS, HANDS, AND ARMS**  YES  NO

Example: Able to hold and use a pen tool to write; note patient information.

Example: Handle medical instruments such as needles and syringes for injections. Handle small wires for equipment operation.

**7. TOUCH SENSORY**  YES  NO

Example: Palpate (feel) pulses; veins for venipuncture, and assess patient skin temperature/moisture/texture/integrity.

**8. HEARING CLARITY**  YES  NO

Example: Hear and listen to verbal directions or requests from healthcare team, patients, phone messages, and other technology.

Example: Hear different level of patient breathing, pain, and bowel sounds. Hear blood pressure sounds through stethoscope.

**9. VISION CLARITY**  YES  NO

Example: Recognize different colors in equipment graphics alerts, codes, signs, tags, and markings.

Example: Differentiate between white, gray, and black colors on computer screen.

Example: Assess patient condition; monitor patient safety and comfort. Read and track patient body movement and breathing.

Example: Read small prints on dials, gauges, syringes, vials, and other similar instruments.

**10. VERBAL COMMUNICATION**  YES  NO

Example: Articulate information to staff, patients, and peers.

**BEHAVIORAL AND EMOTIONAL STABILITY**

**11. Function safely, effectively, and calmly under stressful conditions?**

YES  NO

**12. Exhibit social skills necessary to interact effectively and respectfully with patients, families, supervisors, and co-workers of the same or different cultures?**

YES  NO

**13. Maintain personal hygiene consistent with close personal contact associated with patient care?**

YES  NO

**SIGNATURES**

**14. HEALTHCARE PROVIDER SIGNATURE**

With my signature, I certify as true that I have a current valid license as a healthcare provider and to the best of my knowledge, the above evaluation of the Technical Standards is accurate and was performed within twelve (12) months of anticipated start date of the academic healthcare professions program.

*Signature of Physician, PA-C, or NP* *Date*

\_\_\_\_\_  
Name of Physician, PA-C, or NP

\_\_\_\_\_  
Name of Healthcare Facility City and State

**15. STUDENT SIGNATURE**

With my signature, I certify as true that I have reviewed these Technical Standards and I understand the physical abilities and behavioral emotional characteristics necessary to complete this program. I am responsible to notify my program coordinator of any changes.

*Signature of Student* *Date*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID #

**16. COMMENTS** Written explanation required for any responses evaluated as **NO**  in sections 1 to 13.

**RETURN FORM**

Technical Standard Form is two-sided (2 pages).  
Student send completed form to the college by email, in-person, or postal mail.  
Expedite processing time by email (scan both pages, upload attachment in email message, and send to college email address).

**EMAIL**

nbakeba@necc.mass.edu

**POSTAL MAIL**

Northern Essex Community College  
Division of Health Professions  
414 Common Street  
Lawrence MA 01840