Central Texas College

Continuing Education Department

P.O. Box 1800, Killeen, TX 76540

Student Nurse Aide Release

**DATE:**

**NAME of STUDENT:**

The above-named student is enrolled in the CTC Nurse Aide Program and is expected to perform the following duties and activities; please mark Yes or No designating the student’s ability to carry out each and clearly define all limitations:

YES NO 1. Travel in a motor vehicle.

YES NO 2. Sit, stand and walk for up to 9 hours per day, including walking long distances without assistive devices or apparatus.

YES NO 3. Lift, move, and transfer patients during the clinical area and clinical lab experiences up to 9 hours per day.

YES NO 4. Twisting, bending, stooping, kneeling, and reaching during aspects of client care (bathing, making beds, setting up and monitoring medical equipment) up to 9 hours per day.

YES NO 5. Manual dexterity and coordination to write clearly and precisely or type; to perform various nursing procedures; and grasp and control medical equipment, as necessary, such as objects/equipment of various sizes, weights and shapes up to 9 hours per day.

YES NO 6. Lift up to 35 pounds\* or assist with lifting various weights up to 9 hours per day.

YES NO 7. Perform physical skills such as chest compressions, moving and lifting equipment, pushing a wheelchair/gurney/stretcher holding various weights, assisting patients with activities of daily living and medical treatments up to 9 hours per day.

YES NO 8. Ability to care for all categories of patients including unimmunized, immunosuppressed, infectious, and oncology patients.

YES NO 9. Visual/ hearing acuity-assessment of client’s health status when inspecting, listening and observing for changes in color, physical appearance, and non-verbal behavior

YES NO 10. Speech/Communication-Able to communicate in both verbal and written formats; and interact with clients, staff, and faculty supervisors up to 9 hours per day.

Is the student medically cleared to return to classroom instruction without limitations including effects of medications?

YES/ NO - If “no”, stated date of return. Is this future return date firm or anticipated?\*\*

Is the student medically cleared to return to clinical practice without limitations including effects of medications? YES/ NO - If “no”, stated date of return. Is this future return date firm or anticipated?\*\*

Please state limitations for each “No” above, may continue on the back of this form:

**If hospitalized, a copy of the discharge instructions must be attached.**

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Printed Name or Business Stamp:

\*Follows the *Safe Patient Handling Guidelines*

\*\*Student will be required to provide further medical release prior to returning if return date is anticipated.

Dec 12 approved by AND/VN Curriculum/Rev. Oct 2013