

Minnesota State University, Mankato

School of Nursing--Essential Functional Abilities

Student Name: _____ Tech ID#: _____
 (First, Middle, Last)

Provisional and fully admitted students in the Pre-Licensure Program must be able to perform essential functional abilities in order to provide safe and effective care. The essential functional abilities reflect work completed by the National Council of State Boards of Nursing (1996; https://www.ncsbn.org/1996_Part4.pdf). Students must be able to meet all of the essential functional abilities; if a student cannot meet one or more of the abilities, with or without reasonable accommodations, the student will need to forfeit their admission to the Pre-Licensure Program. The Pre-Licensure Program in conjunction with MSU, Mankato Accessibility Resources will determine, on an individual basis, whether a reasonable accommodation can be made. By completing this document, I agree and understand that this disclosure is necessary to protect my health and well-being, and the health and well-being of patients and families for whom I may provide care. Identifiable health information should be kept confidential and only shared with faculty/staff who have the authority to receive and handle such information.

Student Instructions: Complete a self-evaluation for each essential functional ability by placing a checkmark in the box indicating Yes, if you can meet the ability; *Partial*, if you have limitations (please provide explanation on next page); and, *No*, if you are unable to meet the ability.

Category	Functional Ability Checklist with Examples	Yes	Partial	No
Gross Motor	Ability to move within confined space; maintain balance in multiple positions; reach out front; reach below waist (e.g. plug electrical appliance into wall outlet)			
Fine Motor Skills	Grasp, pinch, twist, squeeze, hand coordination (e.g. manipulate equipment)			
Mobility	Twist, bend, stoop, squat, move quickly (e.g. in response to emergency); climb stairs, walk (walk with patient).			
Physical Endurance	Maintain physical activity for length of clinical shift.			
Physical Strength	Push, pull and lift 25 pounds; move up to 50 pounds of weight; use upper/lower body strength.			
Visual	See objects up to 20 feet away (e.g. visualize information on computer screen, skin, patient in room).			
Hearing	Hear normal level speaking sounds; hear faint voices/whisper.			
Smell	Detect body and environmental odors.			
Tactile	Feel vibrations (e.g. pulse); detect temperature (e.g. skin, liquids, environment, and equipment); feel differences in surface characteristics (e.g. rashes, swelling).			
Environment	Tolerate exposure to allergens (e.g. chemical substances); tolerate heat and humidity (e.g. giving showers).			
Emotional Stability	Ability to provide patient and family with emotional support; adapt to changing environments and stress; focus attention on task; cope with strong emotions in others (e.g. anger, grief); respond to the unexpected (e.g. death emergencies); maintain emotional control.			
Interpersonal Skills	Establish appropriate relationships with patients, families, and coworkers; respect cultural differences in others; handle interpersonal conflict.			
Communication	Interact with others; speak English; write English; listen and understand spoken and written word.			
Reading	Read and understand written documents (e.g. flow sheets, charts, graphs); read digital displays.			
Math	Add, subtract, multiply, divide; measure; tell time and count.			
Problem-Solving	Know the difference between serious and minor problems; apply knowledge and skill; organize and use information.			

Please explain partial answers on the checklist on the previous page:

Provisional and fully admitted students in the Pre-Licensure Program will be required to verify that they understand and meet these essential functional abilities, or that they believe that the essential functional abilities can be met with specific accommodations. MSU, Mankato Accessibility Resources will evaluate a student who indicates that they could meet the program's essential functional abilities with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states they can meet the essential functional abilities with accommodations, then MSU, Mankato and the School of Nursing will determine whether it agrees that the student can meet the essential functional abilities with reasonable accommodation. A review will include whether the accommodations requested are reasonable, taking into account the effect of the requested accommodation on student and patient safety, clinical site requirements/limitations, and/or the impact on the student/faculty experience in didactic and experiential learning activities.

Essential Functional Abilities Statement by Student

Student Directions: Please select and sign the option below that is most appropriate for you.

Option 1: No Accommodations Requested

I certify that I have read and understand the essential functional abilities for selection to the Pre-Licensure Program listed above, and I believe to the best of my knowledge, that I met each of these standards without accommodation. I have no known medical condition that either directly impacts my ability to function safely in the clinical setting or if the medical condition is poorly controlled or managed, changes my ability to function safely in the clinical setting. I understand that if I am unable to meet these standards continually, I will not be allowed to progress in the program.

Printed Name: _____ Signature: _____ Date: _____

Option 2: Request for Accommodations

I certify that I have read and understand the essential functional abilities for selection to the Pre-Licensure Program listed above, and I believe to the best of my knowledge, that I met each of these standards with specific accommodation(s). I understand that if I have a medical condition that either directly impacts my ability to function safely in the clinical setting or if the medical condition is poorly controlled or managed, changes my ability to function safely in the clinical setting, I will make appropriate accommodation to maintain personal and patient safety. I will contact MSU, Mankato's Accessibility Resources (132 Memorial Hall or 507-389-2825; <http://www.mnsu.edu/access/>) to determine what accommodations may be available. I understand that if I am unable to meet these standards continually, with or without accommodations, I will not be allowed to progress in the program.

Printed Name: _____ Signature: _____ Date: _____

Minnesota State University, Mankato

School of Nursing

Student Health Assessment by Health Care Provider

Student Directions: Take both forms with you to your provider for a health assessment.

- Essential Functional Abilities Checklist and Student Statement form. This form must be completed and signed by the student. Take to provider for review.
- Student Health Assessment by Health Care Provider form. Provider will need to complete and sign the form.
- Submit both completed forms together to the School of Nursing.

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Statement of Physical and Emotional Health by Provider

I have completed an exam with this student who has been accepted to the Pre-Licensure Program at Minnesota State University, Mankato. After reviewing the Essential Functional Abilities checklist and statement completed by the student, it is my judgment that this student (check one):

- Is able to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Essential Functional Abilities checklist.
- Is able to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Essential Functional Abilities checklist with the following restrictions or accommodations (list the accommodations):
- Is unable to physically and emotionally perform the essential requirements for safe and effective nursing practice as specified in the Essential Functional Abilities checklist.

Additional Comments or Concerns from Provider:

Provider Signature: _____ Date: _____

Below, please print provider name, institution, address, and phone number (*provider stamp or business care is acceptable*):