



# DELAWARE AREA CAREER CENTER

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

Address: \_\_\_\_\_

| Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area? | Yes | No |
|--|-----|----|
| Vision, such as reading gauges or thermometers?  |     |    |
| Hearing, such as in a classroom or when using a stethoscope?   |     |    |
| Speech, such as in a classroom?  |     |    |
| Lifting up to 50 pounds?   |     |    |
| Ambulation/Standing for several hours?   |     |    |
| Ability to handle stress?  |     |    |
| Sensorimotor (fine and gross)?   |     |    |

Does the student have any limitations or restrictions? If yes, please provide specific facts regarding student's requirements and restrictions

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Examiner's Signature: \_\_\_\_\_

Print Examiner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this completed Physical Record form for the STNA Program to Delaware Area Career Center, South Campus, Attention Kim Budd, 4565 Columbus Pike, Delaware, OH 43015 or fax to (740) 548-0710. Please include cover page with student name.**

Questions regarding the Adult Education STNA program call Anita English at (740) 201-3222 or email to: [englisha@delawareacc.org](mailto:englisha@delawareacc.org).

For the High School Nurses Aide Program call Instructor Kim Budd (740) 201-3285 or email to [buddk@delawareareacc.org](mailto:buddk@delawareareacc.org).