



DELAWARE AREA CAREER CENTER

Student Name: _____

Student Address: _____

Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her vision, such as reading gauges or thermometers?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her hearing, such as in a classroom or when using a stethoscope?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her speech, such as in a classroom?	YES	NO
Does student have any functional limitations or restrictions that would prevent him/her from lifting up to 50 lbs?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her ambulation/standing for several hours?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her ability to handle stress?	YES	NO
Does student have any functional limitations or restrictions that would prevent his/her sensorimotor (fine and gross)?	YES	NO

Examiner's Signature: _____

Date: _____

Print Examiner's Name: _____

Address: _____

Phone: _____

Submit this completed Physical Record form for the Nurse Aide Training Program to Delaware Area Career Center, Attention Kim Castrodale, 4565 Columbus Pike, Delaware, OH 43015. Please include cover page with student name.

Questions? Please call Kim Castrodale at 740.201.3285 or email at CastrodaleK@DelawareAreaCC.org