



Accessible Learning Services

Accommodation Documentation Form (for Nursing and PSW Clinical Placements)

You are receiving this form at the request of a Mohawk College student who requires documentation from a Registered Health Care Practitioner (RHCP) in order to be eligible for academic accommodations and supports with Accessible Learning Services (ALS). The RHCP who is most familiar with diagnosis, assessment, and treatment of the student's medical condition should complete this form.

Our goal is to provide the necessary accommodations to equalize the opportunity for students to meet their essential course or program requirements while maintaining academic integrity.

Consistent with the Ontario Human Rights Code (OHRC) 2018 Policy on Accessible Education, a specific mental health diagnosis is not required in order to receive academic accommodation. A student may choose to disclose their diagnosis in consultation with their registered health care practitioner and provide their consent to do so.

Disability diagnoses and/or functional impact are used for the sole purpose of determining appropriate academic accommodations and will not be shared outside Accessible Learning Services without the student's signed consent.

Student Information

First and Last Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Area of Illness/Injury: _____

Date of Accident/Illness/Awareness of Injury: _____

Student Authorization

By signing below, I authorize any healthcare practitioner who treats me to provide me and my school the following information about my functional abilities.

Signature

Date (mm/dd/yy)

CNO Requisite Skills and Abilities (Information for RHCPs)

Behavioural Requirements - Ability to conduct oneself in a professional manner:

- Manage own behaviour well enough to provide safe, competent, and ethical nursing care
- Engage with self and others to create a safe environment
- Respond appropriately in situations that are stressful or involve conflict
- React appropriately to giving and receiving physical touch and working in close proximity with a full range of clients
- Fulfill responsibilities as part of a team
- Manage time appropriately

Psycho-Motor Requirements - Ability to perform each of the following requisites well enough to provide client care and participate in clinical activities:

- Stand and maintain balance
- Manual dexterity
- Move within limited spaces
- Push/pull
- Perform hand-eye coordination
- Bend
- Reach
- Lift
- Walk
- Climb
- Carry objects

Example: The student can help lift, turn and/or transfer clients, climb stairs for a home care visit, enter information into a computer while taking client health history, remove sutures and staples, and give injections.

Sensory Requirements – Ability to utilize each of the following senses well enough to provide care and participate in clinical activities:

- Sight
- Hearing
- Touch
- Smell

Example: The student can see and read lines of demarcation and numbers on a syringe, can hear verbal communication or sounds of a client in distress, can feel a client's pulse, and can detect an odor.

Environmental Requirements – Ability to function in the presence of each of the following commonly encountered and unavoidable environmental factors:

- Noxious smells
- Disease agents
- Distractions
- Noise
- Chemicals
- Unpredictable behaviour of others

Registered Health Care Practitioner

Please review the job description or physical demands of the position

Address: _____

Date of Last Examination (mm/dd/yy): _____

Date of Next Examination (mm/dd/yy): _____

Nature of Illness/Area of Injury (provide description but not diagnosis):

Permanent or Temporary Assistive Devices/Braces/Casts (please describe):

Does the clinical student have a diagnosed medical condition? Yes No

Is the clinical student capable of returning to the clinical placement immediately without restrictions? Yes No (if no, please complete the sections below)

Certification

Full Name Profession

Signature License & Registration #

Stamp or Business Card:

Abilities

Please indicate the clinical student's abilities

Walking

- No restrictions Up to 100 metres 100 – 200 metres Other (specify below):
-

Standing

- No restrictions Up to 15 mins 15 – 30 mins Other (specify below):
-

Sitting

- No restrictions Up to 30 mins 30 mins – 1 hour Other (specify below):
-

Lifting from floor to waist

- No restrictions Up to 5kg 5kg – 10kg Other (specify below):
-

Lifting from waist to shoulder

- No restrictions Up to 5kg 5kg – 10kg Other (specify below):
-

Stairclimbing

- No restrictions Up to 5 steps 5 – 10 steps Other (specify below):
-

Carrying at Waist

- No restrictions Up to 5kg 5kg – 10kg Other (specify below):
-

Supervision of others

- No restrictions Unable to supervise

Tolerance of Deadlines

- No restrictions on deadlines Can deal with strict deadlines
 Can deal with recurring deadlines Can deal with occasional deadlines
 Cannot deal with deadlines

Attention to Detail

- No restrictions
- Can concentrate on detail with occasional breaks of non-detail work
- Concentration on detail slightly limited
- Concentration on detail severely limited

Task Responsibility and Independence

- No restrictions
- Require allowance to leave work and access a quiet area as needed
- Must work with a partner or be restricted to job shadowing
- Unable to take primary responsibility for completing tasks

Ability to Cope with Confrontational Situations

- No restrictions
- Moderate ability to cope with confrontational situations
- Unable to deal with confrontational situations

Performance of Multiple Tasks

- No restrictions
- Can handle multiple tasks but may require additional time
- Can handle more than one task, but a limited number only
- Can deal with only one task at a time

Memory

- No restrictions
- Basic memory ability (i.e. can recall information that is applied to work tasks on a regular basis without rigid time constraints)
- Poor ability to remember information and apply to work tasks

Cognitive Demands (choose ALL that apply)

- No restrictions
- Capable of analytical thinking
- Capable of making sound judgment
- Able to take initiative
- Able to problem solve and make decisions
- Able to attain precise limits/standards

Restrictions

Please indicate any physical restrictions that apply

- No restrictions
- Work at or above shoulder activity
- Bending/twisting
- Repetitive movement of (please specify): _____

Limited Pushing/Pulling with

- No restrictions
- Left arm
- Right arm
- Other: (please specify): _____

Limited Use of Left Hand

- No restrictions
- Gripping
- Pinching
- Other (please specify): _____

Limited Use of Right Hand

- No restrictions
- Gripping
- Pinching
- Other (please specify): _____

Exposure to Vibration

- No restrictions
- Whole body
- Hand/arm
- Other (please specify): _____

Potential Side Effects from Medications (please specify)

Chemical or Biological Agent Exposure (please specify)

Additional Information

Is there objective medical evidence to support the clinical student's diagnosis?

Yes No (please explain): _____

From the date of this assessment, the above restrictions will apply for approximately:

1 – 2 days 3 – 7 days 8 – 14 days 14+ days

If there is rehabilitative treatment required, has the clinical student been participating in the prescribed treatment plan? Yes No (please explain below)

Additional comments on abilities and/or restrictions:

Note for RHCPs: If you are completing this form to assess the functional impact of a student's medical condition on learning outcomes for clinical placements in health care settings, shop or lab classes in skilled trades, and/or experiential learning placements, the student will provide you with a copy of the learning outcomes for their program, course, or placement.

Registered Healthcare Practitioner or Student, you can fax this form directly to Accessible Learning Services at (905) 575-2388.

Do not email this form as an email attachment to Accessible Learning Services. When saving this form, use the following naming convention: STUDENT NUMBER, ALS DOCUMENTS (i.e. 000000000, ALS DOCUMENTS.pdf).

Follow the instructions located here for uploading your documentation to your Accommodate Portal <https://www.mohawkcollege.ca/accessible-learning-services/how-to-register>.

Questions? Contact Accessible Learning Services

Email: als@mohawkcollege.ca

Phone: (905) 575-2122

Fax: (226) 227-3283