Validation of Physical Examination

	Date:	
history and a physical examinate Physiology student (BSEP) with The above name individual infectious diseases. I certify the required exercise physiologist to	nsed physician, nurse practitioner or physician assistant and I have perion on	n Exercise nces. nunicable and o perform the ation will be
	Name of the Examiner Credentials Address of Practice	-

Performance Standards

To meet the admission & retention requirements of the exercise physiology program each student must be able to regularly perform the following activities:

- 1. work at a fast pace for long periods of time;
- 2. able to demonstrate and participate in activities that require repetitious periods of walking, jogging, sprinting, jumping, bending, stooping, squatting and/or lifting without significant distress or limitation.
- 3. lift heavy objects (25 lbs. or more) three or more times per day;
- 4. speak clearly and distinctly;
- 5. work an 8 to 12 hour shift requiring significant (> 4 hours) periods of standing;
- 6. respond appropriately to stressful situations (physically, emotionally, and mentally) and in emergency situations;
- 7. communicate effectively with physicians, patients/clients staff, and patient's family;
- 8. write clearly and neatly in patient's /client's charts and other legal documents;
- 9. hear computer/equipment alarms or intercom announcements;
- 10. hear telephones and have the ability to accurately take orders over the telephone;
- 11. hear sounds with stethoscope to assess blood pressure, heart rate, lung, vascular, and abdominal sounds;
- 12. hear a patient/client calling for help;
- 13. hear beepers, alarms and other devices requiring rapid responses;
- 14. read very fine or small print;
- 15. see emergency lights;
- 16. visually assess patients/clients appropriately;
- 17. read and interpret physician, nurse practitioner and physician assistant orders;
- 18. read monitors and other equipment accurately;
- 19. demonstrate manual dexterity to don sterile gloves and gown as warranted and to use small calipers/instruments
- 20. demonstrate the ability to utilize equipment and instruments needed to carry out various types of physical/health assessments; and stand for long periods of time.

<u>076.121-018 EXERCISE PHYSIOLOGIST (medical services)</u> Develops, implements and coordinates exercise programs and administers medical tests under a physician's supervision, to promote physical fitness. Explains program and test procedures to participants. Interviews participant to obtain vital statistics and medical history and records information. Records heart activity, using an electrocardiograph (EKG) machine, while participant undergoes stress test on treadmill, under physician's supervision. Measures oxygen consumption and lung functioning, using spirometer. Measures amount of body fat, using such equipment as hydrostatic scale, skinfold calipers, and tape measure, to assess body composition. Performs routine laboratory test of blood samples of cholesterol level and glucose tolerance, or interprets test results. Schedules other examinations and tests, such as physical examination, chest X-ray and urinalysis. Records test data in patient's chart or enters data into computer. Writes initial and follow-up exercise prescriptions for participants, following physician's recommendations, specifying equipment, such as treadmill, track or bike. Demonstrates correct use of exercise equipment and exercise routines. Conducts individual and group aerobic, strength and flexibility exercises. Observes participants during exercise for signs of stress. Teaches behavior modification classes, such as stress management, weight control, and related subjects. Orders material and supplies and calibrates equipment. May supervise work activities of other staff members. GOE: 10.02.02 STRENGTH: M GED: R5 M4 L5 SVP: 7 DLU: 90 U.S. Department of Labor. (1991). Dictionary of Occupational Titles (Vol. 1, 4th edition). U.S. Employment Service, Raleigh, North Carolina, p. 62.

VSU College of Nursing	g & Health Scien	ces –School of Health Science	es	
Name (Print):			VSU I	D#
List any past or present	medical condition	s that may affect performance:		
List all medications, herb	os or supplements	that you take:		
Exam: Height:	_ Weight:	BMI: F	Pulse:	BP:/
	Normal	Abnormal Findings		MD/DO/NP/PA Initials
Medical				
Appearance				
Eye/Ears/Nose/Throat				
Neurological				
Heart				
Cardiovascular				
Lungs				
Abdomen				
Skin				
Musculoskeletal				
CLEARANCE: Cleared- Based Cleared after co Not cleared for:	on my examinatio	-		
COMMENTS and RECO	OMMENDATION	NS:		
Signature of examiner	Name	of physician or physician exten	der phone number	Date
			ent, EP program faculty a	o the Valdosta State University nd/or my internship/clinical site as