

**Associate of Applied Science**

**RADIOLOGIC  
TECHNOLOGY  
DEGREE**

**APPLICATION PACKET 2024**

**Radiologic Technology Program  
Director & Instructor**  
Colleen Bench RT (R)  
Flathead Valley Community College  
777 Grandview Drive  
BC 126B  
Kalispell, MT 59901  
406-756-3901  
[cbench@fvcc.edu](mailto:cbench@fvcc.edu)

**Preprogram Advisor**  
Russ Lamson  
406-756-3885  
[rlamson@fvcc.edu](mailto:rlamson@fvcc.edu)

**Academic Associate**  
Margaret Stell  
406-756-3813  
[mstell@fvcc.edu](mailto:mstell@fvcc.edu)



January 2024

To the Applicant:

Thank you for your interest in the Radiologic Technology A.A.S. program at Flathead Valley Community College (FVCC). Please find enclosed an application checklist, a disclosure statement, the 2024 program application, two observation documentation forms, three recommendation forms, and a physical demands summary. Applicants must complete the entire application packet, compile all of the materials listed on the application checklist, and submit everything in a 9" X 12" envelope to the Admissions and Records office at FVCC.

**Applications are due no later than 3:00pm on Thursday, February 29, 2024.**

**Incomplete or late packets will not be considered for admission into the program.** Use the enclosed application checklist to verify that you have a complete packet.

**Note:** This application process is separate from applying for general admission to FVCC. If you have never attended FVCC or are not currently enrolled at FVCC you will need to complete the FVCC Application for Admission prior to applying for placement in the Radiologic Technology program. **DO NOT** include the FVCC Application for Admission with this application.

Mail completed application packets to:

**FVCC Admissions & Records Office  
Attn: Radiologic Technology Program  
777 Grandview Drive  
Kalispell, MT 59901**

## **Selection Process**

Students who meet the prerequisite course requirements and submit a complete application on or before the announced deadline will be considered for admission to the program. The Program Director will meet with the department chair and/or appropriate staff and advisors to review the applications. A group of 10-12 individuals will be chosen to advance to the interview phase. All applicants will receive letters informing them of their status. Applicants who are chosen for interviews\* will be contacted with an invitation including the date/time and location of the interview. After interviews, the Selection Committee will then choose the final applicants who will be granted admission into the program. The Program Director will attempt to notify the selected applicants no later than 5 working days following interviews. It is the applicant's responsibility to provide accurate, current contact information and to be accessible for this notification. Applicants will be considered regardless of ethnic background, religious preference, gender, or age (must be at least 18 years to apply).

*\*Interviews are held on one day only, and are typically scheduled in early April, shortly after FVCC's Spring Break. If applicants are unavailable to interview at the scheduled date and time they forfeit the opportunity.*



Application packets **must** include:

1. A completed 2024 Radiologic Technology application form including the disclosure statement and application check list.
2. A copy of the applicant's high school diploma, high school transcript, or GED Certificate.
3. A transcript from *each* college attended, including FVCC, verifying the successful completion of the prerequisite courses. Do not assume courses taken from a school other than FVCC will appear on an FVCC transcript. The applicant must be on track to successfully (i.e. minimum grade of "C") have completed **all** the prerequisite courses by the end of spring semester, 2024. Students who receive a "C-", "D" or "F" in a prerequisite course will not be considered for admission. The student must retake the course to earn a "C" or better, and then must reapply to compete with next year's applicants for a. **A prerequisite course may only be repeated once to be eligible for admission.** Final grades for courses being taken during spring semester will be obtained once the semester is concluded. ((Transcripts included in the application packet may be unofficial or copies as long as official transcripts have been submitted to admissions. If printed from student portal: FVCC transcripts, any and all transfer transcripts, and transfer evaluation page.))
4. A copy of catalog course descriptions of prerequisite courses **not** taken at FVCC. Course descriptions must be copied from the college catalog that was in effect the semester/quarter the course was completed and course numbers must match the transcript and be clearly marked on the photocopy. Do **not** mark or highlight courses on transcripts. No course descriptions are required for courses completed at FVCC.
5. Three Admission Recommendation Forms. Provide each recommender with one of the recommendation forms and an envelope that can be sealed before it is returned to you. The recommender's signature should appear across the seal of the envelope. One form should be completed by a present or former instructor, a second by a present or former employer or supervisor, and the third by another individual who knows you well enough to write on your behalf. No forms should be completed by family members.

All applicants who are granted admission into the program will be required to complete the following at their own expense, prior to August 1, 2024:

- Provide proof of immunizations required by Logan Health
- Provide a current CPR card (HeartSaver Adult/Child CPR with AED)
- Submit to a background check
- Provide proof of personal health insurance

Be advised that if you have been convicted of a felony after age 18, you will not be allowed to sit for the registration exam. Medical facilities will not hire a radiological technologist without the proper credentials. In addition, most medical facilities will not hire a felon for a position that includes patient care.

Applicants interested in participating in a job-shadow at any Logan Health imaging facility may apply online at <https://www.logan.org/careers/grow-here/students/>. Job shadow is not required but **strongly** recommended. For *all* relevant job shadow experiences please complete an included Applicant Clinical Observation Form and submit with your completed application. Also, have the department manager and/or supervisor fill out the Imaging Department Student Observation Form and return by mail.



## **Fundamentals**

A new class of Radiologic Technology students begins every fall. The duration of the program is five consecutive semesters extending over a 21 month period. Classes average 7 hours per day, 5 days per week, with the expectation of additional time dedicated to studying outside of the scheduled class times.

## **Prerequisite academic courses required prior to admission:**

Prerequisites:

AHMS	144	“Medical Terminology”	3
BIOH	201NL	“Human Anatomy and Physiology I”	4
BIOH	211NL	“Human Anatomy and Physiology II”	4
M	095	“Intermediate Algebra” (see *Note)	4
WRIT	101W	“College Writing I”	<u>3</u>
			18 credits

*\*Note: M115 Probability and Linear Math is not an acceptable substitute for the math requirement; but higher level algebra is encouraged.*

## **Course Curriculum for AAS: Radiologic Technology Program**

Fall Semester (1):

AHXR	101	“Introduction to Radiologic Technology and Patient Care”	3
AHXR	110	“Radiographic Procedures I”	3
AHXR	115	“Radiographic Principles I”	3
AHXR	195	“Radiographic Clinical: I”	<u>4</u>
			13 credits

Spring Semester (2):

AHXR	111	“Radiographic Procedures II”	4
AHXR	116	“Radiographic Principles II”	4
AHXR	195	“Radiographic Clinical: II”	<u>4</u>
			12 credits

Summer Semester (3):

AHXR	295	“Radiographic Clinical: III”	<u>6</u>
			6 credits

Fall Semester (4):

AHXR	210	“Radiographic Procedures III”	3
AHXR	225	“Radiobiology / Radiation Protection”	3
AHXR	295	“Radiographic Clinical: IV”	<u>6</u>
			12 credits

Spring Semester (5):

AHXR	211	“Radiographic Procedures IV”	3
AHXR	270	“Radiographic Registry Review”	3
AHXR	295	“Radiographic Clinical: V”	<u>6</u>
			12 credits

**TOTAL CREDITS**

**73 credits**



### Application Check List

I have included the following in the application package:

- This checklist, signed and dated
- A completed 2024 application form, including a signed disclosures form
- A photocopy of my high school diploma, my transcripts, or GED certificate
- A transcript from **each** college I have attended, including FVCC (unofficial or copies accepted)
- A photocopy of catalog course descriptions for each prerequisite course not taken at FVCC
- Three Admission Recommendation Forms, each sealed in a signed envelope

### Prerequisite Courses

Please indicate those prerequisite courses in which you are **currently** enrolled:

- AHMS 144      Medical Terminology
- BIOH 211      Human Anatomy & Physiology II
- M 095           Intermediate Algebra
- WRIT 101      College Writing I

Applicant Signature: \_\_\_\_\_

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



## FVCC RADIOLOGIC TECHNOLOGY PROGRAM

Please read the following, sign at the bottom, and include with your application.

### Disclosures

1. Program runs continually for 5 **extended** semesters.
2. Students are allowed up to 12 personal days off during the 21 months (includes vacation, sick, and any type of medical problems, including hospitalization). Vacation days must be pre-arranged with and approved by Director and Instructors.
3. Tardiness and unexcused absences will absolutely not be tolerated.
4. Expect to be in class or clinical for an average of 35 hours per week for the duration of the program.
5. Holidays include all those observed by FVCC.
6. Semester breaks may differ slightly from the FVCC schedule.
7. Clinical training requires students to be scheduled on a variety of shifts, including 8, 10 and 12 hour shifts, to include weekends, evenings and nights during Summer Semester.
8. Clinical facilities include Logan Health and affiliated imaging departments. Others may be added at Director's discretion.
9. Students shall understand that all Registered Technologists located at clinical sites will be supervising and potentially evaluating their clinical performance.
10. Students are expected to show initiative and, as soon as training allows, independence in performance of as many patient exams as possible throughout training.
11. Students will be assisting patients in all aspects of their care and need to be able to handle difficult situations including patient secretions and excrement (i.e. blood, vomit, feces).
12. Leave personal problems at the door each and every day.
13. Obligations outside of the school setting need to be handled in a manner that does not interfere with the student's commitment to training and scheduled class/clinical times. Such situations may include jobs, care and transportation for children or other family members, or medical/health appointments. Arrangements for these matters need to be made prior to starting the program.

By signing below, it means you have read the above, you understand the statements and you agree to abide by them.

Applicant Signature: \_\_\_\_\_

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



## 2024 Radiologic Technology Program Application

Instructions: Our ability to consider you for this program depends on the completeness of this application. Please furnish all information requested. If you wish to supply additional education or work history information, attach a separate sheet.

**Applications will be accepted until 3:00pm on Thursday, February 29, 2024.**

Please submit your completed application packet and all requested materials in a sealed 9x12 envelope to the Admission and Records office at FVCC. Incomplete and/or unsigned applications will not be considered.

**PERSONAL DATA:** (Please type or print clearly)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Permanent Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(must be 18 years or older)

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**EDUCATION:**

	<b>Name of Institution</b>	<b>City &amp; State</b>	<b>Dates of Attendance</b>	<b>Degree Earned (if applicable)</b>
<b>High School</b>				
<b>High School</b>				
<b>College</b>				
<b>College</b>				
<b>College</b>				
<b>Other</b>				

**List School Activities and / or other Personal Interests:**

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**Do you have any health care experience?     Yes     No**

**If Yes, please explain:**

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**What prompted your interest in this field?**

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**Certifications, Licenses or Registries (e.g. CNA)**

**Number**

**Issue Date**

**Expiration Date**

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**EMPLOYMENT:**

List all recent employment in chronological order beginning with the MOST RECENT or CURRENT EMPLOYER.  
If you need more room to list your jobs, use an additional sheet of paper following the same format.

Employer/Business & Phone Number	Job Title and General Duties Performed	Dates Employed	Reason for Leaving
Telephone #			
Telephone #			
Telephone #			
Telephone #			
Telephone #			
Telephone #			



**PERSONAL REFERENCES:** (List the 3 individuals who are submitting letters of recommendation on your behalf.)

Name & Phone Number	Address	Occupation
Telephone #		
Telephone #		
Telephone #		

**Having read and understood the Occupational Physical Demands (attached) for the program, do you have any physical limitations or impairments to good health that would substantially impair your ability to engage in the activities required of this program?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**If Yes, please explain:**

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**IMPORTANT – READ THE FOLLOWING CONDITIONS:**

The issuance and acceptance of this application form by the school does not, in any way, constitute either an offer or promise of acceptance into this occupational program, nor does it obligate Flathead Valley Community College and Logan Health in any way.

All of the entries I have made herein are true to the best of my knowledge and belief. In the event that any statements made herein should prove false, I understand that I will not be eligible for admittance into the program. If it is determined that I have falsified this application subsequent to having been admitted to the program, I understand that I will be subject to immediate dismissal at the discretion of the director of the program and FVCC’s board. I hereby authorize Flathead Valley Community College and Logan Health to contact all references and former employers named herein, and I specifically release any references and former employers from any liability whatsoever for furnishing information about me in good faith to Flathead Valley Community College and Logan Health.

I understand and subscribe to the above conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

How did you hear about FVCC’s Radiologic Technology program?

\_\_\_\_\_  
\_\_\_\_\_

Do you personally know anyone who currently works in imaging at any Logan Health facility, or any students currently attending the program?

\_\_\_\_\_  
\_\_\_\_\_



# FLATHEAD VALLEY COMMUNITY COLLEGE

## RADIOLOGIC TECHNOLOGY

### IMAGING DEPARTMENT STUDENT OBSERVATION FORM

**Imaging Department Supervisor and/or Manager:**

The purpose of the observation form is for the student to experience a radiology department environment and observe the role of the radiologic technologists and other healthcare team members, prior to acceptance into the FVCC Radiologic Technology AAS degree program. This helps to ensure that the student has a clear understanding of the profession for which they are applying.

Please mail completed forms to:

**Flathead Valley Community College  
Attn: Colleen Bench –Radiologic Technology Program  
777 Grandview Drive  
Kalispell, MT 59901**

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

Date of Observation: \_\_\_\_\_

Radiology Department/Facility observed: \_\_\_\_\_

How much time was spent observing? \_\_\_\_\_

Did the applicant arrive on time and prepared for the experience?

\_\_\_\_\_  
\_\_\_\_\_

Was the applicant polite and professional in conduct with patients and staff?

\_\_\_\_\_  
\_\_\_\_\_

Did the applicant exhibit interest and enthusiasm about the radiology profession? Were they appropriately engaged in the experience?

\_\_\_\_\_  
\_\_\_\_\_

Supervisor or Manager Signature: \_\_\_\_\_

Supervisor or Manager contact information: \_\_\_\_\_

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



# FLATHEAD VALLEY COMMUNITY COLLEGE

## RADIOLOGIC TECHNOLOGY

### APPLICANT CLINICAL OBSERVATION FORM

**Applicant:** If you have observed in a radiology or imaging department in the last two years, please list all facilities/sites where you have observed, including department supervisor contact information so that we may verify your observation time. Also, please make every effort to have the observed facility fill out the Imaging Department Student Observation Form.

Facility: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

Supervisor name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

Supervisor name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

Supervisor name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

Supervisor name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

Supervisor name and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Radiologic Technology Program Admission Recommendation Form

Flathead Valley Community College  
777 Grandview Drive  
Kalispell, Montana 59901

**I. To the Applicant:** Please complete section I of the form and have an individual who can evaluate your academic and work capabilities complete the remainder of the form.

Applicant: \_\_\_\_\_  
Last Name First Name

Applicant: You may voluntarily waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of reference by signing below. Such action is optional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**II. To the Recommender:** The information contained in this form will be used to assess the applicant's qualifications for the Radiologic Technology Program. Your frank answers to the following questions will be greatly appreciated. If the applicant has waived the right of inspection, this recommendation will not be available to the applicant.

**Please complete this in its entirety.**

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

2. How well do you know the applicant?    Slightly     Fairly Well     Very Well

3. Please rate the applicant relative to other students or employees whom you have known in the same field in recent years:

	Exceptional	Above Average	Average	Below Average	Not Observed
Intellectual ability					
Maturity					
Emotional stability					
Oral communication skills					
Mathematical aptitude					
Leadership abilities					
Ability to work with others					
Self confidence					
Imagination and creativity					
Initiative					
Diligence in study or work habits					
Motivation					



4. What do you consider to be the applicant's primary strengths?

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5. What are the applicant's chief liabilities or weaknesses?

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6. Other comments which will help assess the probability of success of this applicant in the radiologic technology program. Feel free to include a letter or additional page if necessary. Comments about the applicant's general attitude, ethics, critical thinking ability, and independence would be especially helpful.

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7. **Overall recommendation for admission to the Radiologic Technology program:**

- Strongly recommend
- Recommend
- Recommend with reservations
- Do not recommend

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*This form should be sealed in an envelope. Please write your signature across the flap and return to the applicant.**

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Flathead Valley Community College  
777 Grandview Drive  
Kalispell, Montana 59901

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- Do not recommend

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Applicant: \_\_\_\_\_  
Last Name First Name

Applicant: You may voluntarily waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of reference by signing below. Such action is optional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_

\_\_\_\_\_

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Ability to work with others					
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- Recommend
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- Do not recommend

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*This form should be sealed in an envelope. Please write your signature across the flap and return to the applicant.**

# FLATHEAD VALLEY COMMUNITY COLLEGE

## RADIOLOGIC TECHNOLOGY PROGRAM PHYSICAL DEMANDS SUMMARY

**JOB TITLE:** Radiologic Technologist

**I. PHYSICAL DEMANDS:**

	N/A	Rarely (0 – 5%)	Occasionally (6 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
<b>A. Sitting</b>			<b>X</b>		
<b>B. Standing</b>				<b>X</b>	
<b>C. Walking</b>				<b>X</b>	
<b>D. Driving</b>	<b>X</b>				
<b>E. Lifting</b>				<b>X</b>	
1. 0-10 lbs. Level	Ranges floor to knee/waist/chest/shoulder/overhead				
2. 11-20 lbs. Level	<b>X</b>				
3. 21-35 lbs. Level	Ranges floor to knee/waist/chest/shoulder/overhead				
4. 36-50 lbs. Level	<b>X</b>				
5. 51-100 lbs. Level	Ranges floor to knee/waist/chest/shoulder				
6. Over 100 lbs. Level	<b>X</b>				
	Transfer assist, waist level lift				
	<b>X</b>				
	<b>X</b>				
<b>F. Carrying</b>			<b>X</b>		
1. 0-10 lbs. Distance	Throughout KRMC				
2. 11-20 lbs. Distance	<b>X</b>				
3. 21-35 lbs. Distance	Up to 50 feet				
4. 36-50 lbs. Distance	<b>X</b>				
5. 51-100 lbs. Distance	Up to 50 feet				
6. Over 100 lbs. Distance	<b>X</b>				
	<b>X</b>				
<b>G. Push/Pull     Activity/Object</b>			<b>X (50#)</b>		
	Wheelchair, beds (with assistance), gurneys, portable x-ray, miscellaneous equipment				
<b>H. Stooping/Bending</b>			<b>X</b>		
<b>I. Squatting</b>		<b>X</b>			
<b>J. Kneeling</b>		<b>X</b>			
<b>K. Crawling</b>	<b>X</b>				

	N/A	Rarely (0 – 5%)	Occasionally (6 – 33%)	Frequently (34 – 66%)	Continuously (67 – 100%)
L. Twisting			X		
M. Climbing		X			
Activity	Stairs, step stool				
N. Balance		X			
O. Reaching					
1. Above Shoulder		X			
2. At Shoulder			X		
3. Below Shoulder				X	
P. Hands					
1. Simple Grasp				X	
2. Firm Grasp			X		
3. Fine Manipulating				X	
Q. Head/Neck					
1. Static			X		
2. Flexion			X		
3. Rotation			X		
R. Feeling			X		
S. Talking				X	
T. Hearing				X	
U. Tasting/Smelling	X				
V. Vision					
1. Near Acuity					X
2. Far Acuity			X		
3. Depth Perception			X		
4. Accommodation			X		
5. Color Vision			X		
6. Field of Vision				X	

## II. EQUIPMENT:

Miscellaneous patient equipment, diagnostic equipment, computers
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## III. ENVIRONMENTAL CONDITIONS:

A. Inside	100	%	Outside	0	%			
B. Temperature (Non-Weather Related)	Normal		X	Extreme Cold	Extreme Heat			
C. Humidity (Non-Weather Related):	Normal		X	Wet	Dry			
D. Hazards:	Mechanical		Electrical	X	Chemical	Burns	Cuts	Noise
	Moving Machinery	X	Heights		Vibration	Fumes	Dust	Explosives
	Slippery Surfaces	X	Other: Radiation, infectious disease, blood/body fluids					
E. Safety Equipment Required: Gloves, mask, apron, goggles								

## IV. COMMENTS:

This form is for informational purposes only and should serve as a guide to general physical requirements of this field.
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