

Community College of Denver

Surgical Technology Program – Physical Capability Clearance Form

Purpose: This form is required by the Community College of Denver (CCD) Surgical Technology Program to verify that an applicant meets the essential physical, mental, emotional, and environmental requirements necessary to safely participate in classroom, laboratory, and clinical education experiences.

Completion of this form supports CCD admissions and clinical placement requirements and is consistent with standards outlined in the CCD Catalog, program handbook, and applicable accreditation and clinical agency expectations.

Applicant Information

- **Student Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Program Applied For:** Surgical Technology
- **School/Institution:** Community College of Denver

Instructions to Healthcare Provider

Please evaluate the applicant and indicate whether they are able to perform each essential function listed below **with or without reasonable accommodation**, as defined under the Americans with Disabilities Act (ADA).

These essential functions reflect the minimum performance standards required by the **Community College of Denver Surgical Technology Program** and its affiliated clinical agencies. The ability to perform these functions is necessary to ensure patient safety, professional effectiveness, and successful completion of program requirements.

Essential Physical, Mental, Emotional & Environmental Requirements

Instructions: Please indicate whether the applicant can perform the following activities **Frequently** (more than 1/3 of the time) or **Occasionally** (less than 1/3 of the time), **with or without reasonable accommodation**.

Physical Activities

Frequently (More than 1/3 of the time):

- ☐ Yes ☐ No — Lift light objects (0–20 lbs)
- ☐ Yes ☐ No — Lift medium-heavy objects (21–50 lbs)
- ☐ Yes ☐ No — Push/pull less than 20 lbs
- ☐ Yes ☐ No — Stand for prolonged periods
- ☐ Yes ☐ No — Walk for extended periods

Occasionally (Less than 1/3 of the time):

- ☐ Yes ☐ No — Lift heavy objects (51–80 lbs)
- ☐ Yes ☐ No — Push/pull more than 20 lbs
- ☐ Yes ☐ No — Sit for extended periods
- ☐ Yes ☐ No — Bend, kneel, squat
- ☐ Yes ☐ No — Reach (overhead, extensive, or repetitive)

Mental & Sensory Requirements (Frequently)

- ☐ Yes ☐ No — Strong recall and memory
- ☐ Yes ☐ No — Reasoning and problem-solving skills
- ☐ Yes ☐ No — Hearing (verbal instructions, alarms)
- ☐ Yes ☐ No — Vision/sight (fine detail, depth perception)
- ☐ Yes ☐ No — Speak clearly
- ☐ Yes ☐ No — Write legibly
- ☐ Yes ☐ No — Sustained concentration and focus
- ☐ Yes ☐ No — Logical thinking and decision-making

Emotional & Behavioral Requirements (Frequently)

- ☐ Yes ☐ No — Function in a fast-paced environment
- ☐ Yes ☐ No — Maintain a steady work pace
- ☐ Yes ☐ No — Handle multiple priorities simultaneously
- ☐ Yes ☐ No — Engage in frequent and intense interactions
- ☐ Yes ☐ No — Adapt to frequent changes
- ☐ Yes ☐ No — Work under deadlines and time constraints
- ☐ Yes ☐ No — Process complex information

- ☐ Yes ☐ No — Work effectively as part of a team
- ☐ Yes ☐ No — Communicate effectively with others

Environmental Requirements

Frequently (More than 1/3 of the time):

- ☐ Yes ☐ No — Exposure to blood and bodily fluids –
- ☐ Yes ☐ No — Exposure to biohazards (bacteria, fungi, viruses)
- ☐ Yes ☐ No — Exposure to surgical smoke/plume
- ☐ Yes ☐ No — Exposure to infectious diseases
- ☐ Yes ☐ No — Exposure to anesthesia gases
- ☐ Yes ☐ No — Exposure to radiation, lasers, and electrosurgical units

Occasionally (Less than 1/3 of the time):

- ☐ Yes ☐ No — Exposure to dust, fumes, gases, mist, or powders
- ☐ Yes ☐ No — Exposure to disinfectants and sterilants

Accommodations (if applicable)

If the applicant requires accommodations to perform any of the above functions, please describe:

Provider Assessment

Based on my evaluation, this applicant is:

- ☐ **Physically capable** of performing the essential functions of a Surgical Technologist
- ☐ **Physically capable with reasonable accommodations** (described above)
- ☐ **Not physically capable** of performing the essential functions

Healthcare Provider Information

- **Provider Name (Print):** _____
- **Credentials & License #:** _____
- **Practice/Facility Name:** _____
- **Phone Number:** _____

Provider Signature: _____

Date: _____

CCD Program Disclaimer

Completion of this form does not guarantee admission to or continuation in the Community College of Denver Surgical Technology Program, nor does it guarantee eligibility for clinical placement. Final determination of a student's ability to meet program and clinical requirements rests with the Community College of Denver Surgical Technology Program, in accordance with the CCD Catalog, program policies, and clinical affiliate standards.

This form is used solely to assess the applicant's ability to meet essential program requirements and does not replace other mandatory health, immunization, background check, drug screening, or clinical compliance requirements.

Community College of Denver reserves the right to modify program requirements at any time in accordance with institutional, accreditation, or clinical partner standards.