Student Health History & Physical Exam Attestation
Medical Assistant Certificate Program

Name: _____________________________ Date of Birth: ________ GCCID#: ________

All students participating in the Medical Assistant Certificate Program shall be capable of performing the Programmatic Technical Standards with or without reasonable accommodation as follows: They must be ambulatory; be able to lift a minimum of 50 lbs.; possess fine motor coordination required to perform technical skills such as preparation and administration of lab & equipment related testing; have visual acuity to perform technical skills such as physical assessment and proper use of medical instruments; have auditory perception allowing effective use of stethoscope and communication; have emotional stability required to exercise sound judgment & appropriate responses; & have emotional maturity to develop appropriate therapeutic relationships.

<table>
<thead>
<tr>
<th>Student Disposition Completed by Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on my review of the student’s health history, examination of the student and a review of the Programmatic Technical Standards for the Medical Assistant Certificate Program described above, this student is: (please indicate the disposition of the student)</td>
</tr>
</tbody>
</table>

Date of Physical: ______________

☐ Cleared for all classroom/lab/fieldwork/clinical participation without restriction

☐ Cleared for participation with the following recommended restrictions/recommendations: Note: Students are encouraged to contact Disability Services at 413-775-1332 as soon as possible to determine their eligibility for reasonable accommodations to assist in meeting the technical standards of the program. Please note some accommodations require 4 – 6 weeks for implementation. The office is located in the Wellness Center C423.

☐ Not cleared, reason:

Provider Signature: _____________________________ Date: ______________

Printed Name: _____________________________ Title: ____ Telephone: ____-____-_____

Office Name: _____________________________ Fax: ____-____-_____

Address: ____________________________________________

Street ____________________________________________

City/Town ____________________________________________

State ______ Zip code ______

Greenfield Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College’s Affirmative Action and/or Title IX Officer at 413-775-1312, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission, or the United States Department of Education’s Office for Civil Rights.

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