



Concordia University Saint Paul DPT Program
Provider Statement of Student Health Status

To the examining medical practitioner:

This student has been accepted into the Doctor of Physical Therapy program at Concordia University Saint Paul. To ensure the health and safety of patients while enrolled, this student will be required to participate in a rigorous academic and clinical program.

This student will typically attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities. When on clinical internships students are typically present in the clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic. Students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily. Students typically relocate outside of the St. Paul area to complete one or more clinical internships. Each internship is eight to twelve weeks of duration.

Student will frequently perform the following activities:

1. Lift less than 10 pounds and occasionally lift between 10 and 100 pounds.
2. Exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
3. Twist, bend and stoop.
4. Move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
5. Stand and walk providing support to a classmate simulating a disability or while supporting a patient with a disability.
6. Use their hands repetitively with a simple grasp and frequently use a firm grasp and manual dexterity skills.
7. Coordinate verbal and manual activities with gross motor activities.
8. Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and to treat patients.

Student will occasionally perform the following activities:

1. Carry up to 25 pounds while walking 50 feet.
2. Squat, climb, climb stools, reach above shoulder level, and kneel.
3. Climb stairs or negotiate uneven terrain.

Student Full Name	Student Date of Birth
Student Address, City, State, Zip	

PROVIDER STATEMENT OF STUDENT HEALTH STATUS

I hereby document that I have examined the student named within the last 12 months and that he/she is physically and emotionally able to participate as a Doctor of Physical Therapy student. To the best of my knowledge, on this date, I have determined that he/she based upon standard physical exam findings and disclosed subjective history, is free from communicable diseases and any health impairment that is of potential risk to patients or that might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual's behavior. Immunization and/or titer data, tuberculosis status, and all other medical records of this student are on file at the physician/provider's office.

Please note: *This health assessment must be completed and signed by an MD, DO, PA or Nurse Practitioner. Assessment by other healthcare providers will NOT be accepted.*

Signature of Provider (MD, DO, NP, PA)	Date
Name of Provider (MD, DO, NP, PA) – <i>Please print</i>	Credentials – <i>Please Print</i>
Clinic Name, Address, and Phone Number	