

Functional Ability Criteria Statement

It is the intent of Fox Valley Technical College (FVTC) to fully comply with Section 504 of the Rehabilitation Act of 1974 and the Americans with Disability Act (ADA) of 1990. (In accordance with the ADA and Section 504, FVTC does not provide students with personal devices and services)

In order to assist students successfully complete the Health Information Technology/Medical Coding program, FVTC has developed a set of objective functional ability criteria. Students will be asked to sign a form stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **If a student enters the Health Information Technology/Medical Coding program based on falsification of records related to their ability to meet the functional requirements, he/she may face disciplinary actions.** All documents will be kept on file in the Health Division Office at the College.

For students with a disability, reasonable accommodations are available. Reasonable modifications are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in FVTC's courses, services, activities, and use of the facilities. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, and qualified in the appropriate specialty area. The College is also not obligated to provide an accommodation that poses an undue financial or administrative burden to the College or poses a direct threat to the health and/or safety of others.

Examples of accommodations allowed, without disability documentation: supportive back brace or other supportive braces that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require approval of the Program Chair, the Disabilities Specialist, and the Department of Health Services. All requests should be approved BEFORE the student has enrolled in the program. Any accommodation cannot substantially alter the requirements of the program or inflict an undue burden on the respective program and clinical sites.

If after the start of class a student status changes and no longer meets all of the required HIT student's functional abilities; it is the student's responsibility to notify their instructor of any changes in their inability to perform and of the Functional Abilities listed here. The College is required to keep these documents on file.

Gross Motor Skills	Move within confined spaces Maintain balance in multiple positions Reach above shoulders (e.g., shelving units) Reach below waist (e.g., plug electrical appliance in wall outlet) Reach out front
<i>Examples:</i>	Function in a small workspace: Must be able to sit for long periods, maneuver in close proximity to other workstations.

Fine Motor Skills	Pick up objects with hands Navigate between two computer screens Grasp small objects with hands (e.g., writing instruments) Write with pen or pencil Key/type (e.g., use a computer) Pinch/pick or otherwise work with fingers (e.g., plug in devices) Twist (e.g., turn objects/knobs using hands)
<i>Examples:</i>	Must have adequate manual dexterity as to be capable of documenting, typing on a keyboard, researching manuals/books online.
Physical Endurance	Stand (e.g., shelving) Sustain repetitive movements (e.g., typing) Maintain physical tolerance (e.g., sit for long periods of time)
Physical Strength	Push and pull 40 pounds (e.g., move equipment) Lift 50 pounds (e.g., pick up boxes or equipment) Carry equipment/supplies Use upper body strength (e.g., carry equipment/supplies) Squeeze with hands (e.g., operate fire extinguisher)
Mobility	Twist Bend Stood/squat Move quickly (e.g., response to an emergency) Climb stairs Walk
Hearing	Hear normal speaking-level sounds (e.g., person-to-person report) Hear faint voices Hear auditory alarms (e.g., monitors, fire alarms, call bells)
<i>Examples:</i>	Answering/speaking into a phone, responding to requests from patients, physicians, and supervisors.
Visual	See objects up to 20 inches away (e.g., information on computer screen) See objects up to 20 feet away (e.g., client at reception desk) Use depth perception Use peripheral vision
<i>Examples:</i>	Read a patient chart paper/electronic to determine code selection and documentation.
Tactile	Detect environmental temperature
Smell	Detect odors (e.g., smoke, gasses or noxious smells)
Environment	Tolerate exposure to allergens (e.g., chemical substances) Tolerate strong soaps Tolerate strong odors
Reading	Read and understand written documents (e.g., flow sheets, charts, graphs) Read digital displays Read and interpret physicians' orders Read and understand written documents Read very fine or small print

Functional Ability Criteria Statement of Understanding

The Americans with Disabilities Act (ADA) of 1990 (42 U.S.C & 12101. *et seq.*), the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, colleges of the Wisconsin Technical College System will make every effort to ensure a quality education for students. The purpose of this document is to ensure that students acknowledge they have been provided information on the functional abilities required of a student in the Health Information Technology program.

This form will be received with the Health Information Technology/Medical Coding program information and application packet. It is to be completed and returned at the new Health Information Technology Information Session.

<hr/> (initials/date)	I have read and understand the <i>Functional Ability Criteria</i> specific to a student in the Health Information Technology/Medical Coding program.
<hr/> (initials/date)	I am able to meet the <i>Functional Abilities Criteria</i> as presented with or without accommodation.
<hr/> (initials/date)	I was provided with information concerning accommodations or special services if needed at this time.

Name of Student (Please print)

Signature of Student

Date