# Fitness for Clinical Practice – Section A: Student Declaration

## Section 1 Details of Applicant
*Please use BLOCK letters and write clearly.*

<table>
<thead>
<tr>
<th>Title</th>
<th>☐ Mr</th>
<th>☐ Ms</th>
<th>☐ Mrs</th>
<th>☐ Other</th>
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</thead>
<tbody>
<tr>
<td>Surname</td>
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<tr>
<td>Given name/s</td>
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<tr>
<td>Student ID number</td>
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<tr>
<td>Course Code</td>
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<tr>
<td>Year Level</td>
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## Section 2 Fitness for Clinical Practice

As a nursing or midwifery practice discipline the program requires students to meet a range of clinical competencies whilst on clinical placements. These clinical competencies and tasks require cognitive ability, mobility, agility and dexterity, physical exertion and the ability to see, hear and communicate effectively.

### Clinical Competencies
- The ability to communicate appropriately with staff members, patients and relatives
- The ability to work with confused patients
- The ability to manage time
- The ability to participate in a rapidly changing environment
- The ability to work in areas where conflict occurs
- The ability to act and think quickly

### Tasks
- Pushing/pulling trolleys
- Standing for a period of time
- Sitting for a period of time
- Walking for a period of time
- Climbing Stairs
- Kneeling
- Squatting
- Working above shoulder height
- Working below knee height
- Undertaking tasks with both hands and easily alternating between hands

## Section 3 Student Declaration

I, ____________________________, acknowledge that I have read the Fitness to Practice Guidelines and ☐ have ☐ have no medical, emotional, physical, or physiological issues that could affect my ability to undertake clinical practice. This is a true and accurate declaration. I understand a false declaration will be dealt with under the code of conduct and statutory law.

Applicant’s Signature ____________________________ Date ____________________________
## Fitness for Clinical Practice – Section B: Treating Doctor Assessment

### Section 4 Doctor Declaration  *Please use BLOCK letters and write clearly.*

Do you have any concerns about the student’s ability to meet the **clinical competencies** in Section A?  
☐ Yes  If Yes, would you describe these concerns?  
☐ No  

Do you have any concerns about the student’s ability to undertake the **tasks** in Section A?  
☐ Yes  If Yes, would you describe these concerns?  
☐ No  

Can you make any recommendations to the School of Health that will assist the student to meet the **competencies** and **tasks**?  
☐ Yes  If Yes, would you describe these recommendations?  
☐ No  

Is there any special equipment / resources that could be provided to assist the student to meet the clinical **competencies** and **tasks** while on clinical placement?  
☐ Yes  If Yes, would you describe the special equipment / resources?  
☐ No  

Do you believe the student suffers from **latex** or **environment allergies**?  
☐ Yes  If Yes, would you describe the allergies?  
☐ No  

Does the student have a management plan for their **latex** or **environment allergies** or require any medication?  
☐ Yes  If Yes, would you describe the management plan?  
☐ No  

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**Doctor’s Name**  
**Provider Number**  
**Telephone Number**  
**Doctor’s Signature**  
**Date**