

## CSI CNA PROGRAM HEALTH DECLARATION FORM



**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Purpose

The CSI CNA Program requires students to meet physical, mental, and behavioral standards necessary to safely provide care in accordance with Idaho state and federal regulations (OBRA). This form verifies your ability to meet those standards.

### Student Acknowledgment of Essential Qualifications

I acknowledge that I have reviewed and understand the Essential Qualifications required to participate in the CSI CNA Program.

I understand that I must be able to perform the following, with or without reasonable accommodation:

*Initial after each:*

#### Physical and Functional Abilities

- Lift, transfer, and reposition residents (minimum of 50 pounds, with assistance as needed) \_\_\_\_\_
- Stand, walk, bend, stoop, and move continuously during clinical shifts \_\_\_\_\_
- Perform repetitive physical tasks and respond quickly in emergency situations \_\_\_\_\_
- Use proper body mechanics to provide safe resident care \_\_\_\_\_

#### Sensory Abilities

- Hear and respond to call lights, alarms, and verbal instructions \_\_\_\_\_
- Visually observe residents' changes, read documentation, and monitor equipment \_\_\_\_\_
- Feel and measure pulse, skin condition, and other physical indicators \_\_\_\_\_

#### Communication Skills

- Communicate effectively in English, both verbal and written \_\_\_\_\_
- Follow verbal and written instructions \_\_\_\_\_
- Accurately document care provided \_\_\_\_\_

#### Cognitive Abilities

- Measure, calculate, and record basic resident data such as vital signs and intake and output \_\_\_\_\_
- Apply classroom knowledge in clinical settings \_\_\_\_\_
- Use critical thinking and sound judgment \_\_\_\_\_

#### Behavioral and Professional Conduct

- Demonstrate professionalism, integrity, and ethical behavior \_\_\_\_\_
- Maintain resident confidentiality in compliance with HIPAA \_\_\_\_\_
- Show respect and sensitivity to diverse populations \_\_\_\_\_
- Function effectively under stress and in fast paced environments \_\_\_\_\_

### Health and Safety Attestation

Please check one:

- I am physically and mentally able to meet the Essential Qualifications of the CSI CNA Program without accommodation
- I am able to meet the Essential Qualifications with reasonable accommodation and will contact the appropriate office <https://www.csi.edu/accessibility-services/>
- I am unsure of my ability to meet these requirements and request to speak with program staff.

Please call the HSHS Office at (208) 732-6700

**Exposure and Work Environment**

I understand that I may be exposed to:

- Bloodborne pathogens and infectious diseases \_\_\_\_\_
- Physically demanding workloads \_\_\_\_\_
- Long periods of standing and lifting \_\_\_\_\_
- Various shifts including days and evenings (8-to-12-hour shifts) \_\_\_\_\_

I agree to follow all infection control, safety, and facility policies.

**Student Statement**

I certify that the information provided is accurate. I understand that failure to meet program or state requirements may prevent me from completing the CSI CNA Program or becoming eligible for certification.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if student is under 18)

