



Health Care Provider's Assessment of Functional Abilities and Limitations

Note to Health Care Provider:

This prospective student has received acceptance to Fleming College's Heavy Equipment Operator Program. Registration in the program requires that the student submit the attached form completed by you, which will identify any potential restrictions that they may have in attaining the program learning outcomes in a safe manner. To assist you with this task, an ergonomic assessment for operating one of the key piece of machinery (Backhoe) has been included

Please note that Fleming College is committed to accommodation within the work and learning environment, and the identification of any restrictions or limitations will not necessarily preclude the student from their course of study. The identification of any such restrictions or limitations will initiate a conversation between the student and the College into what accommodations are necessary and appropriate.

When completing this form, please base your responses on objective medical findings and do not provide diagnosis, medication, or treatment. We are strictly interested in any potential restrictions or limitations of the functional abilities that they may have.

I, _____ (name of prospective student), hereby authorize

_____ (name of attending physician/clinic) OR

_____ (name of the Health Service Provider)

the release of information relevant to my functional and cognitive capabilities with respect to my application for the Heavy Equipment Operator program at Fleming College, to my Program Coordinator and, if limitations are identified with respect to my functional and cognitive abilities, to the College's Counseling Department. I give my permission for this information to be released for the purposes of providing and/or clarifying information about my limitations and abilities with respect to my application to this program, in order to determine my suitability for admission to the program, including the identification and provision of appropriate accommodation of my health condition, so that I may learn and work in a healthy and safe manner.

This information will be treated as personal information in accordance with the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. The College shall maintain the confidentiality of this information, and will not disclose it to a third party without my written consent, except where disclosure is required by law.

I declare that my consent has been given voluntarily. I understand that I may withdraw my consent at any time. Unless previously revoked by me in writing, this consent will expire 180 days from the date this form is signed.

Student's Signature

Date



FUNCTIONAL ABILITIES AND LIMITATIONS – HEAVY EQUIPMENT OPERATOR PROGRAM

<u>MEDICAL PROFESSIONAL</u> - Please indicate your assessment of the following functional abilities and include additional details for any tasks that are restricted. Any restrictions will be assessed when determining what accommodations will be necessary and appropriate for the student to safely complete the learning outcomes required for this program. Please do not disclose any diagnoses.				
Functional Ability	Example of how this Functional Ability is relevant within the Heavy Equipment Operator Program	Is this person		Please describe any restrictions such as weight, frequency etc.
		Fully Capable	Restricted	
Lifting/Carrying – less than 15 lbs. (6.8kg)	General labouring			
- 15–35 lbs. (6.8kg – 15.9kg)				
- over 36 lbs.(16kg)				
Pushing/Pulling	Operation of controls.			
Handling/Gripping	Operation of controls – balls, levers, static grip			
Fine Finger Dexterity	Greasing / maintaining equipment			
Reaching above/below shoulder height	Opening & closing door or window. Driving and operating backhoe.			
Sitting	Driving and operating equipment			
Standing	Partnering with operator at job site.			
Walking	Walking to and around job site.			
Climbing	Possible at job site, around equipment			
Climbing (stairs, ladders, etc.)	Climbing up to operator's cab 2-3 steps, up to 1m high			
Bending/Stooping	Greasing and maintaining equipment			
Crouching/Kneeling	Greasing and maintaining equipment			
Twisting (at waist)	Looking around from cab position to view partner or job site			
Balancing	On steps to get in out of backhoe or other equipment, some maintenance			
Hearing	Equipment alarms. Instructions over radio. Horns from other equipment.			



ACTIVITY	EXAMPLE	FULLY CAPABLE	RESTRICTED	SPECIFY (WEIGHT, FREQUENCY, ETC.)
Vision (far/near/concentrated visual attention)	Drive and operate heavy construction equipment.			
Speech	Converse with partner, instructor, and other students			
Perception (spatial, form, etc.)	Able to operate equipment with accuracy.			
Cognitive ability – memory, judgment	Able to operate equipment with accuracy.			
- handling stress	Time pressures, productivity pressures			
- ability to concentrate	Operate equipment with accuracy.			
- ability to perform complex tasks	Accomplish specific tasks			
- ability to organize work	Accomplish specific tasks			
- ability to manage others work	Working with partner			
- ability to provide/receive supervision	Working with instructor and partners			
Inside Work Environment	Classroom, garage, simulator			
Congested Worksite/Enclosed Space	Multiple vehicles on site. Working from cab.			
Vibration/Bouncing	Heavy equipment. Working on jobsite, travel to and from jobsite.			
Is the student required to take any medication that is contraindicated for operating heavy equipment? (Please circle response)		YES	NO	Please do not provide details of medication

Additional comments or observations (please include **objective** medical information for restrictions:

Health Care Professional's Name, Full Address & Telephone
(Please Print)

Signature: _____

Date: _____

Please return this assessment and student consent by mail, fax, or scan and email it to: Richard Hyde, Coordinator, Heavy Equipment Programs, Fleming College, Frost Campus, 200 Albert Street South, Lindsay ON K9V 5E6. richard.hyde@flemingcollege.ca
Fax: 705-878-9333.

STRICTLY PRIVATE AND CONFIDENTIAL