

**Date of Exam:** \_\_\_\_\_

## **PRCC Medical Laboratory Program Health Approval Report**

**Patient Name:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Is the applicant's health adequate to perform the following necessary duties of a Medical Laboratory Technician?**

----- Being able to distinguish color intensities and changes;

----- Walking and standing for long periods;

----- Frequent movement from sitting to standing positions and back again;

----- Functioning under emotionally and physically stressful situations;

----- Pushing, pulling, and/or lifting heavy objects

\_\_\_\_\_ **Yes, can perform duties**

\_\_\_\_\_ **No, cannot perform duties**

**Is there evidence of red/green/yellow colorblindness?**

\_\_\_\_\_ **Yes, is color blind**

\_\_\_\_\_ **No, is not color blind**

**Provider Name:** \_\_\_\_\_

**Provider Phone:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_