

Modesto Junior College
Associate Degree Respiratory Care Program

RELEASE OF LIABILITY FORM

I, _____, understand that participation in the clinical component of the MJC Associate Degree Respiratory Care Program may be physically and emotionally demanding. My signature below states that I am physically and mentally able to meet the expectations imposed by typical respiratory activities as listed below, with reasonable accommodations if I am an individual with a disability.

Activities and physical abilities that are required of students in the clinical/hospital setting include, but are not limited to:

- Lifting- 50 pounds
- Transferring- 100 pounds
- Bending, stooping, kneeling
- Pushing, pulling
- Walking
- Standing for prolonged periods (shifts may include 12 hrs)
- Reaching
- Hearing acuity (average)
- Visual acuity (average)
- Manual dexterity
- Tactile ability- sufficient for patient assessment
- Equipment operation- transfer devices, monitors, computers, etc.

For those clinical experiences that are deemed essential by the clinical provider, I understand that alternate clinical experiences may not be available. I also understand that timeliness of performance may be, in some instances, an essential component of the clinical experience, and in those instances, it may not be possible to grant an extension of time as an accommodation. This will be determined on an individual basis.

To request reasonable accommodations, or to discuss whether reasonable accommodations are appropriate, please contact the Allied Health division office at (209) 575-6362 and request an appointment with the Respiratory Care Program Director.

Regardless of whether or not I am an individual with a disability, I will report to my instructor if I develop or experience any physical, psychological, or emotional problems that might impair my ability to perform respiratory care duties after I sign this release.

Date: _____

Student's signature

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