Essential Functions for this program include:

1. **Mobility:**  a) The student **must** have adequate gross mobility in order to maneuver in a timely fashion, throughout the department.

   b) The student **must** be able to lift his or her arms above shoulder height in order to place or remove items of ten pound or less from shelves.

   c) The student **must** be able to bend over at the waist or squat down (waist and knees) in order to place and remove items of ten pounds or less from drawers and cabinets.

2. **Manual Dexterity:** The student **must** have adequate fine motor skills in order to be able to manipulate small objects in a safe and accurate manner. Examples would include (but are not limited to) being able to operate a computer keyboard; dial a telephone; handle cuvettes, sample cups, pipette tips, and reagent vials; pick up glass slides from table top, and use a pen or pencil to write the English language legibly.

3. **Auditory Acuity:** The student **must** be able to hear well enough to respond to significant sounds in a clinical lab. Examples would include (but are not limited to) being able to hear the telephone ring, hear the fire alarm or other warning system; be able to hear signals generated from instrumentation that may indicate normal operating status or malfunction, and be able to follow verbal instruction from a coworker or supervisor.

4. **Verbal Communication Skills:** The student **must** be able to speak in a manner that is understandable (this being both clear distinct words and adequate volume) to persons on the other end of a telephone or other health care workers listening specifically to the student in person.

5. **Visual Acuity to read, write, discern colors, and use a microscope:** The student **must** have adequate eyesight such that he/she can recognize and distinguish gradients of color (such as on a urine dipstick), read English words and numbers either on a video display screen, computer printout, or legible handwriting, and interpret lines and points on a graph.

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**Health Insurance Coverage**

Upon acceptance into the Upper division of the CLS Program the student is required to demonstrate evidence of health insurance coverage.

I acknowledge that I understand the essential function and I agree to comply with the CLS Program Requirements.

________________________     _______________________     _____________
Print Name                                   Signature                                   Date