



**MEDICAL IMAGING SCIENCES PROGRAMS  
STUDENT SURVEY FOR MEETING TECHNICAL STANDARDS**

**Environmental/Working Condition**

**PURPOSE:** To provide the applicant/student with a clear understanding of the physical demands required of the program based on the tasks performed by the graduate technologist.

**Description of Work Environment and Activities:**

Constant public contact and decision-making, constantly moving, communicating, and operating equipment, pushing portable units throughout facility, frequent operation of computers, usage of telephone, pushing wheelchairs and stretchers, turning patients, helping patients walk, lifting patients and assisting patients to sit-up, frequent exposure to blood-borne pathogens and body fluids, particularly while performing invasive procedures.

**Procedures:**

Applicant/Student:

1. Receives technical standards and a verbal explanation of the technical standards.
2. Completes self-appraisal form of his/her ability to perform procedures.
3. When appropriate discuss concerns with Student Disabilities Services.

**Technical Standards:**

STANDARD	ISSUE	SOME EXAMPLES OF NECESSARY ACTIVITIES
Communication abilities sufficient for interaction with others in verbal and written form	Communication	Explain medical imaging procedures; give directions; acquire and relay patient history; answer patient's questions while positioning/performing procedure; discuss procedure with physicians and/or other health care professionals; verbally and/or through written communication, present cases to educators and physicians. Act upon verbal and/or written directions quickly under pressure. Communicate and interact effectively in a group situation.
The abilities to consistently execute complex mental processes necessary to apply academic information to clinic/lab procedures and equipment.	Cognitive	Immediately adapt to different clinical and lab situations. Ability to retain knowledge of various imaging equipment and software. Ability to retain and perform various imaging procedures and protocols. Ability to retain and apply didactic knowledge to the clinical setting.
Physical abilities sufficient to maneuver in small areas and to maneuver equipment.	Mobility	Move freely and quickly around the imaging room, patient's room or lab with portable equipment, and in work areas; administer CPR; manipulate equipment; work quickly and accurately.
Gross and fine motor abilities sufficient to perform imaging procedures and patient care procedures safely and efficiently.	Motor skills	Independently use body members for grip, speed, and precision work; to start, stop, control, and adjust the progress of machines, equipment, and stretchers within tight crowded places; position patients and equipment. Ability to perform/type data entry via a control panel or computer keyboard.
Physical ability sufficient to remain continuously on a task for several hours while standing, moving, lifting and/or bending.	Physical Stamina	Independently manipulate all equipment including portable machines; assist patients from wheelchairs and stretchers; elevate stretchers of immobile patients for positioning purposes. Stand during long procedures and while performing exams.
Auditory ability sufficient to monitor and assess health needs without visual contact.	Hearing	Hear monitor alarms; equipment audible signals; different sound wave frequencies, emergency signals; voices under protective garb; calls for help.
Visual ability sufficient for observation, assessment, and implementation of patient care and imaging procedures.	Visual	Observe patient responses; read orders; prepare procedure trays; read computer screens and control panel buttons. Distinguish between shades of gray on all imaging modalities. Be able to distinguish full spectrum of colors.
Tactile ability sufficient for assessment of physical health status and location of body structures with fingertips.	Tactile	Perform palpation of anatomic structures for imaging procedures, assessing patient vital signs, and identifying landmarks used in administration of CPR.
Olfactory senses sufficient for maintaining environmental and patient safety.	Smell	Distinguish smells which are contributory to assessing and/or maintaining patient's health status, i.e. Smell smoke.
<b>Demonstration may be required.</b>		

I, the undersigned, do hereby testify that I have read and understand the Technical Standards for Admission to the Medical Imaging Sciences Programs. In signing this form I confirm that I can perform the above standards and will contact a special needs counselor if I become unable to perform or maintain these technical standards.

Applicant's Signature \_\_\_\_\_

H number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**HORRY GEORGTOWN TECHNICAL COLLEGE  
MEDICAL IMAGING SCIENCES PROGRAMS  
STUDENT SURVEY FOR MEETING TECHNICAL STANDARDS**

Indicate below by checking the appropriate area, your ability to perform the necessary functions required to perform the duties of a technologist. If accommodations are necessary, explain.

**COMMUNICATION:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**COGNITIVE:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**MOBILITY:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**MOTOR SKILLS:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**HEARING:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**VISUAL:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**TACTILE:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

**SMELL:**

\_\_\_\_\_ I am capable of meeting these requirements      \_\_\_\_\_ I am not capable of meeting these requirements\*  
\_\_\_\_\_ I am capable of meeting these requirements with the following accommodations:\*

I, the undersigned, do hereby testify that I have read and understand the Technical Standards for Admission to the Medical Imaging Sciences Programs and the above statements, as indicated, are true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*indicates that applicant is to make an appointment with the Services for Students with Disabilities Office to determine reasonable accommodations. **Demonstration may be required.**