MEDR Health Checklist to Take to Doctors Office

Patients name: ___________________________________________  Student ID: ____________________________
Doctor’s name: ___________________________________________

Please discuss the following with your patient. MDR Technicians are exposed to various chemicals and substances, wear protective gear while they are working (which can be hot and cause sweating), are required to stand for long periods of time, lift up to 25 lbs repeatedly, do small repetitive motions with hands and wrists, have good motor skills, and be able to see fine print and colour changes.

1. Do you have any allergies?  Yes/No
   If yes, what are you allergic to?

   How do you react to allergic substances? _________________________

2. Recent surgery: Yes/No
   If yes, please specify:

3. Do you have a history of:
   Back problems? Yes No
   Joint problems? Yes No
   Repetitive strain injury? Yes No
   Chronic Skin Condition? Yes No
   Are you pregnant? Yes No

4. Do you have a disability that may prevent you from:
   Standing for long periods of time? Yes No
   Lifting 25-30 lbs? Yes No
   Using fine and gross motor skills? Yes No
   Seeing fine print? Yes No

If you answered yes to any questions in section 3 or 4, please explain:

________________________________________________________________________
________________________________________________________________________

I have discussed all of the requirements listed on this form with my patient and certify that this person does not have any issues with the above criteria, is in good physical condition, and fully able to do the job of a Medical Device Reprocessing Technician.

Signature: ____________________________________________________________
Date: ________________

Doctor office stamp or business card:

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