

QU Health Sector | Fitness for Duty Questionnaire

Dear Student,

Congratulations on joining Qatar university. Now that you are enrolled in your program, we need to ascertain that you are able to conduct your academic and non-academic (clinical/technical) duties responsibly and safely. To that end, we ask you to complete this questionnaire during your orientation week and acknowledge the technical standards demonstrating your fitness for duty.

In the case that it is decided that you are not fit for duty, the department/college will provide you with advice on measures to undertake and will make every endeavor to support you in considering the next appropriate step (continuing your enrollment, taking leave of absence, or finding a place in an alternative program).

You have a duty to provide all the relevant, truthful, and accurate information to the department/college and no information should be withheld. Any failure to do so may result in reconsideration of your fitness to continue with the program.

You can be assured that the information will remain confidential. Please start by completing Section 1 and go on to each of the following questions in Section 2 and in the case of positive answers provide additional information in the space provided (or attach details if space is insufficient).

Finally, please read the information provided in Section 3 carefully and complete the declaration that you comply with the technical standards of Fitness for Duty.

SECTION 1 | Personal Details

Title	Choose an item.
Full Name	Full name.
Nationality	Choose an item.
Date of Birth	DD/MM/YYYY.
QU Student ID	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
E-mail address	Click or tap here to enter text.
College	Click or tap here to enter text.
Program applied for	Click or tap here to enter text.

SECTION 2 | Health and Functional Capabilities

1. Do you have problems with any of the following?	
a) Mobility ¹ e.g., walking, using stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Agility ¹ e.g., bending, reaching up, kneeling, maintaining balance	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Dexterity ¹ e.g., writing, using tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Physical exertion ¹ e.g., lifting, carrying	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Communication ² e.g., speech	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Hearing ³ e.g., deaf, hard of hearing, tinnitus.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , do you use a hearing aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Vision ⁴ e.g., blind, visual impairment, color blindness, tunnel vision, nystagmus, squint	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , please enclose the most recent visual test results as an attachment to this form	
h) Learning e.g., dyslexia, dyspraxia, dyscalculia, impaired concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES to any of the above, please give details e.g., extent of impairment, any support needs or course adjustments required</p> <p>Click or tap here to enter text.</p>	

¹ Must also comply with **motor function** requirements as part of **technical standards** for Fitness for Practice (section 3).

² Must also comply with **communication skill** requirements as part of **technical standards** for Fitness for Practice (section 3).

³ Must also comply with **observation skill** requirements as part of **technical standards** for Fitness for Practice (section 3).

⁴ Must also comply with **observation skill** requirements as part of **technical standards** for Fitness for Practice (section 3).

2. Have you ever required special arrangements at school to overcome any learning barriers e.g., equipment, extra time in exams		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details Click or tap here to enter text.		
3. Do you have, or have you had, any of the following?		
a) Chronic Skin Condition e.g., eczema, psoriasis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Neurological disorder e.g., epilepsy, multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Allergies e.g., latex, medicines, foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Endocrine disease e.g., autoimmune diseases, Cushing syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Hep B/Hep C/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, please give details (e.g., when condition developed, effects and treatment) Click or tap here to enter text.		
4. Have you ever been affected by:		
a) Sudden loss of consciousness e.g., a fit or seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Chronic fatigue syndrome (or similar condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) An illness requiring more than two week's absence from school or work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Mental health issues e.g., Depression, phobias, nervous breakdown, personality disorder, over-dose, self-harm, drug, or alcohol dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) An eating disorder e.g., bulimia, anorexia nervosa, compulsive eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, please give details (e.g., when condition developed, effects and treatment) Click or tap here to enter text.		
5. Are you currently taking any medication or treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give details below Click or tap here to enter text.		
6. Do you have any impairment or health condition not already mentioned?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please give details below Click or tap here to enter text.		
7. What is your height?	in cm.	What is your weight?
		in kg.

Declaration

- ☐ I certify that my answers are complete, accurate and no information has been withheld.
- ☐ I understand that if this is later shown not to be the case it may result in the offer of a place being withdrawn or reconsideration of my suitability to continue with my Major.
- ☐ The information supplied by you on this questionnaire will be used as evidence of your fitness to study and train.
- ☐ I give my consent to provide the admission team/Assistant Dean for Student Affairs at QU Health with any medical information relevant to my application/evaluation.

Signature		Date	Click or tap to enter a date.
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Section 3: Technical standards of Fitness for Duty

Meeting the technical standards of Fitness of Duty is a requirement for admission and continuation in your program of study. These technical standards ascertain that you possess specific characteristics and abilities to complete the academic program and demonstrate fitness to conduct your responsibilities and meet expectations as a future practicing health professional.

It is important that you familiarise yourself with these technical standards so that you are aware of your responsibilities and expectations to demonstrate Fitness for Duty. Any breach of these standards could undermine patient and public trust in the College and the health profession. So, full compliance with these standards is paramount.

We ask that you read through the standards and sign the form below to acknowledge your commitment to comply with the technical standards. This form must be signed before you can begin learning to become a health professional.

Observational Skills

- Students must be able to observe, acquire, interpret, and apply professional knowledge and skills in different formats within the classroom, laboratories, and clinical and non-clinical settings.
- Students must possess and combine the functional use of observational skills to observe and assess patients accurately at a distance and close at hand. These skills include visual, auditory, somatic, and other sensory modalities necessary to assimilate and discriminate types of information.

Communication Skills

- Students must possess interpersonal skills and be able to communicate effectively and efficiently with faculty, students, patients, their families/caregivers, and with all members of the health multidisciplinary team using both oral and written communication skills.
- Students must be able to comprehend, extract, and create verbal and non-verbal information including written material (e.g., medical records, laboratory reports, patient charts, and prescriptions).

Motor Skills

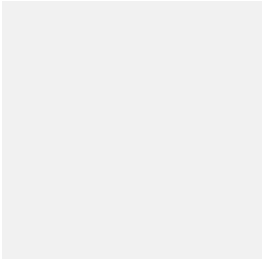
- Students must possess sufficient motor function to execute required procedural movements to provide general and/or emergency care to patients in healthcare settings (e.g., physical examinations, surgical or other technical procedures including diagnostic or therapeutic maneuvers requiring physical mobility, posture control, and coordination of both fine and gross neuromuscular movements).

Intellectual/ Conceptual/ Integrative & Quantitative Abilities

- Students must have sufficient cognitive abilities to assimilate detailed and complex information in a multi-task setting. These include capabilities to retain, recall, measure/calculate, interpret, analyze, synthesize, and transmit technical information.
- Students must also possess problem-solving skills to formulate and test hypotheses, discern complex relationships, and make informed decisions in a timely manner.

Behavioral/ Societal & Ethical Attributes

- Students must understand and accept their roles and responsibilities as health care providers within their communities.
- Students must consistently demonstrate empathy, integrity, honesty and respect for self and others.
- Students must always demonstrate professionalism. They must comply with policies, ethical, legal, and professional standards, and codes of conduct



applicable to the Program, College, and nature of the Profession. Failure to always demonstrate appropriate behavior may result in dismissal.

- Students must possess the physical and emotional health required to function effectively in demanding and uncertain environments inherent to clinical practice. They must possess the demeanor, maturity, and adaptability to use their intellectual abilities, exercise good judgement and cope with stressful/dynamic situations.

Declaration

- ☐ I have read the technical standards above.
- ☐ I undertake to comply with them and seek clarification on any areas of uncertainty.
- ☐ I agree to familiarize myself with any subsequent revisions.

Signature		Date	Click or tap to enter a date.
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