

**DUAL ENROLLMENT EMERGENCY MEDICAL SERVICES (EMR/EMT) PROGRAM
HEALTH HISTORY AND PHYSICAL EXAMINATION FORM**

Instructions: Pages 1-3 are to be completed by the student. Page 4 is to be completed by a licensed physician, nurse practitioner or physician assistant. Attach a copy of your immunization record on page 5. All immunizations must be current and up-to-date.

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Age: _____ Date of birth: _____ Height: _____ Weight: _____

Medical/Surgical History: (Be specific)

1. Previous Illnesses (Also complete page 2)

2. Previous surgeries:

3. Present Illness/disorder:

4. Current Medications (include dosage and frequency); NOTE: a letter on your physician's letterhead (not on a prescription pad) and signed by the physician (NOT STAMPED) is required for all prescription medication indicating the dosage and frequency of the medication. Physician must also indicate in the letter that the medication(s) will not impair your ability to function effectively and safely in a clinical setting. **See attached Technical Performance Standards**

5. Are you currently under the care of a physician or a psychiatrist? _____ Yes _____ No
If yes, please explain circumstances: (be specific)

Name of Physician: _____ (please print legibly)

6. Do you have any disorder or disability that limits your cognitive (conscious) awareness or physical activity or that requires special accommodations either continuously or intermittently?

_____ Yes _____ No **If yes, please describe:** _____

Note: IF YOU ARE PREGNANT PLEASE HAVE THE PHYSICIAN COMPLETE THE APPROPRIATE INFORMATION ON PAGE 4.

7. Please indicate if you currently have or *have ever had* any of the following. You must explain all **YES** answers and discuss them with the physician.

Condition	N O	YE S	Explain all YES answers here
Visual defects/problems			
Hearing defects/problems			
Speech defects/problems			
Cardiac disease/disorders			
High blood pressure			
Low blood pressure			
Tuberculosis/lung or Respiratory problems			
Hepatitis or any Liver Disease			
Sexually Transmitted Diseases			
Fainting spells, epilepsy, convulsions or seizures			
Diabetes			
Thyroid disorders/problems			
Kidney or bladder disease			
Cancer			
Back injuries or surgery			
Joint injuries or problems			
Immunosuppressive therapy			
Treatment for chemical/alcohol/drug dependency			
Treatment for emotional/mental health problems			

Additional comments:

My signature below indicates that I have no injury or illness other than specified on page 1 or 2 of this form. If my condition changes it is my responsibility to notify the EMS instructor of the change. I understand that **falsification, omission or misrepresentation** of my physical health and abilities may be grounds **for dismissal** from the program.

I attest that I am able to meet the **Technical Performance Standards** (see page 3) for the program.

Signature of Student

Date

EMS Program Technical Performance Standards

Student must possess sufficient ability to:	Demonstrated by, but not limited to, the following examples (with minimal or no assistance/supervision)
1. Read and communicate orally and in writing using the English language.	Able to communicate verbally via telephone and radio equipment; read and understand English language manuals and road maps; accurately discern street signs and address numbers; interview patient, family members, and bystanders, and document, in writing, all ramifications of such; converse in English with co-workers and hospital staff as to status of patient; Interpret written, oral, and diagnostic from instructions
2. Hear with or without auditory aids to understand normal speaking voice without viewing the speaker's face.	Able to work effectively in an environment with loud noises; hear monitor alarms and emergency signals at various levels; auscultate breath/heart/bowel sounds; hears and responds to cries for help without undue delay; can hear high and low pitched sounds with a stethoscope.
3. Visually, with or without corrective lenses; observe changes in patient's condition and actively participate in learning process.	Able to see small print and numbers on medical equipment, supplies and labels; work in low light; detect changes in patient's condition, including color changes, swelling, presence of blood or body fluids; able to read multiple chapters in textbooks; can see instructor or whiteboard in lab/classroom from a distance or up close.
4. Utilize stamina, strength and psychomotor coordination necessary to perform routine procedures at floor or bed level.	Able to lift, carry, and balance up to 125 pounds (250 with assistance); work in confined spaces and other dangerous environments; move in and about work areas of ambulance and clinical facility; stand/sit/bend/kneel for extended periods of time; move/ position and transport patients safely without causing injury/harm/undue pain or discomfort to patient, self or others; maneuver and transport equipment safely and in a timely manner; perform CPR or other emergency measures; possesses cognitive awareness, stamina and physical strength for assigned procedures.
5. Demonstrate use of gross and fine motor skills necessary to provide independent, safe and effective patient care.	Able to set up, calibrate, operate and manipulate all equipment utilized to care for patients; position patients properly; write; document patient care and use computers (if applicable); don sterile gloves and maintain sterile field; prepare and administer medications (as applicable); perform all tasks with dexterity to ensure the highest quality patient care
6. Solve problems and apply critical thinking skills while providing safe and efficient patient care.	Able to calculate weight, volumes, and ratios; collect, read and interpret data; use data to provide patient care; evaluate actions taken; identify cause and effect relationships in the clinical setting; respond to emergency situations in a timely manner; utilize good judgment; integrate previously learned material into clinical practice; prioritize and adapt patient care.
7. Interact with individuals, families, groups from various socioeconomic and cultural backgrounds.	Able to establish rapport with patients and members of the health care team; develop therapeutic listening skills; demonstrate courteous and attentive behavior.
8. Adapt and functions in a multi stressor environment while adhering to legal/ethical guidelines of the program, state regulatory agencies; and clinical training facilities.	Able to follow all program rules and regulations; accept clinical assignments or changes of such; maintain confidentiality of patients/peers; respond appropriately and quickly to changes in patient's condition; follow directions in mature, professional manner; identify own learning needs and seek guidance/resources; report unsafe/illegal/unethical practices.

Student Name: _____

Date: _____

Physical Exam

Healthcare Provider (Physician, Nurse Practitioner, or Physician Assistant): Please review the health history (pages 1 & 2) completed by the student, the Technical Performance Standards (page 3) for the program, complete all sections on this page, and sign the form. Thank You!

Vital Signs: Temp _____ P _____ R _____ B/P _____

Review of Systems: (Please note **any** abnormalities/problems, **even if intermittent**, that may affect the student's ability to **participate fully** in the program.)

Integumentary: _____

HEENT: _____

Neurological: _____

Cardiovascular: _____

Gastrointestinal: _____

Genitourinary: _____

Hearing: _____

Teeth: _____

Vision: _____

(Requires Glasses/Contacts Yes No)

Free of communicable disease? Yes No (If no, comment below)

Immunizations are current and up-to-date? Yes No (If no, comment below)

History of exposure to TB, HBV, or HIV? Yes No (If yes, please comment below)

Does the student have any history of or current problems that impair his/her cognitive awareness or physical abilities for any periods of time? Yes No (If yes, please comment below)

Prescription Medications: attach letter on office letterhead (NOT prescription pad) attesting that student is able to function effectively and safely in the clinical setting, caring for ill or injured clients with minimal supervision. See Technical Performance Standards (page 3).

**** For Pregnant Students Only: Please check one.**

I have examined this student and she is able to **participate fully** in all activities required.

This student is **not able** to participate fully in the program due to complications at this time. Please explain restrictions below.

Unless indicated otherwise, I certify that this student is able to function in a safe and effective manner while caring for ill or injured clients in a clinical setting. The findings indicated above qualify this student both physically and emotionally for enrollment into the program. He/she is able to participate fully without special accommodations in all activities of this program. If special accommodations are required please indicate below. Please comment on any responses above that need further clarification.

Comments: _____

Healthcare Provider's Signature

Date

Place a copy of your immunization record here.