



"Commitment to Excellence"

EMT-BASIC/EMT-PARAMEDIC PROGRAMS ADMISSION
MEDICAL HISTORY & PHYSICAL EXAMINATION

Student Last Name	First Name	MI
Mailing Address		
Email Address	() Phone Number	

This form is to be completed prior to registration and uploaded into the program application.

Admission into the EMT-Basic /EMT-Paramedic Program is provisional based upon acceptance of the approved health evaluation.

Failure to submit the complete form may prevent the student from progressing to the clinical portion of the program. Valid verification of immunizations is required for eligibility to attend clinicals at the health care agencies. **Upon acceptance, students must follow instructions to upload page 5 and other vaccination related documentation to Complio.**

I understand that student health information is protected and confidential under State of Florida and Federal laws. I voluntarily provide, and consent to my medical provider or physician providing, the medical information contained in this document to the Coral Springs Regional Institute of Public Safety (CSRIPS) and health care facilities that I am assigned to as part of CSRIPS EMS program requirements. I also understand that all requested Student Health Record information is a prerequisite to enrollment in the clinical training. Failure to complete this record will prevent my participation in the clinical rotations.

Student Signature: _____ **Date:** _____

For the medical professional conducting the examination: The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of an EMT/Paramedic. This assessment shall consider the demands of various healthcare settings and the essential job tasks outlined in NFPA 1582 (see page 3).

Name of medical professional signing form

Date signed

Office address

Office telephone number



"Commitment to Excellence"

Student Last Name, First MI Date of Examination

This medical examination must be completed by a Licensed Professional Health Care Examiner (MD, DO, ARNP or PA only). The examination shall include, at a minimum, the following:

Please check all that examinations performed:

- Checkboxes for various medical systems: Dermatological, Cardiovascular, Clinical evaluation of 12 lead EKG, Systolic and Diastolic Blood pressure, Respiratory system, Gastrointestinal system, Endocrine and metabolic systems, Neurological system, Ears, eyes, nose, mouth, throat, Auditory hearing in the pure tone, Far visual acuity corrected or uncorrected, Peripheral vision, Genitourinary system, Musculoskeletal system.

Findings/comments/previous conditions/surgery:

Blank lines for entering findings, comments, previous conditions, or surgery.

Is the student currently taking any medications?

If yes, please list:

Blank lines for listing current medications.

Within the last 5 years, has the student been treated for substance related (drug/alcohol) disorder?

If yes, please specify:

Blank lines for specifying substance-related disorders.

For the medical professional conducting the examination to complete: (sign in appropriate box)

Based on the results of this medical evaluation, the applicant:

Two signature boxes with text: 'Has no pre-existing or current condition, illness, injury, or deficiencies. The applicant is medically fit to engage in EMT / Paramedic training.' and 'Has a pre-existing or current condition, illness, injury, or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for EMT / Paramedic training.'

{OFFICE STAMP - Required}



Essential Job Tasks and Descriptions Adapted from NFPA 1582, 2018 edition

(Physician, please initial to indicate student is cleared to perform each task as described)

1. Able to perform emergency response actions under stressful conditions , including working in extremely hot or cold environments for prolonged time periods	Initial
2. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and heated gases, despite the use of personal protective ensembles and SCBA	Initial
3. Depending on the local jurisdiction, climbing six or more flights of stairs while carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)	Initial
4. Dragging or carrying victims/manikins ranging from newborns to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility	Initial
5. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards	Initial
6. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration	Initial
7. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions	Initial
8. Ability to communicate (give and comprehend verbal orders) under conditions of high background noise, poor visibility, and drenching from hose lines or fixed protection systems (sprinklers).	Initial
9. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to members of the public or other team members.	Initial
10. Working in shifts for 8-12 hours	Initial
Other Essential Job Functions:	
11. Working on their knees for extended periods of time. Including bending and stooping. Walking and sitting for long periods of time.	Initial
12. Able to provide CPR for extended periods of times.	Initial

Physician Signature: _____

Date: _____



Student Verification of Compliance with Technical Performance Standards

Performance Standards	Comments
Standing	<ul style="list-style-type: none"> - Climbing at least six flights of stairs or walking a similarly strenuous distance while carrying equipment/tools weighing an additional 20 – 40 lb (9 – 18 kg). - Able to carry victims/ manikins ranging from newborns to adults weighing over 165 lb (75 kg).
Walking	
Sitting	
Lifting / Carrying	
Pushing / Pulling	
Crouching	<ul style="list-style-type: none"> - Able to perform emergency response under stressful conditions, including working in extremely hot or cold environments for prolonged time periods. - Able to provide CPR for extended periods of times. - Unpredictable, prolonged periods of extreme physical exertion without benefit of a warm-up period, scheduled rest periods, meals, access to medication(s), or hydration. - Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazards, or heated gases.
Climbing	
Stooping	
Kneeling	
Crawling	
Reaching	
Manual Dexterity	
Feeling	
Talking	
Hearing	
Seeing	<ul style="list-style-type: none"> - Ability to communicate (i.e., comprehend verbal orders under conditions of high background noise, poor visibility).
Communicating	

Verification of Compliance with Technical Performance Standards

The EMT-Basic and EMT-Paramedic programs have outlined specific Technical Performance Standards to inform students of the skills and physical/psychological demands required for program completion and workplace responsibilities.

After review of the Technical Performance Standards for my program of study:

I confirm that I am able to perform the standards and essential skills listed.

I am unable to perform all the standards and essential skills listed and will require reasonable accommodation.

Student Signature: _____ Date: _____



Patient Name:	DOB:	Age:	Sex:	Exam Date:
----------------------	-------------	-------------	-------------	-------------------

ANNUAL PPD TB SKIN TEST

PPD/TB – Date Given: / /	M.A. Initials:
Date of Results (48-72 hrs.): / /	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (>10mm) MD Initials:
(If Positive PPD) Chest X-Ray – Date Taken: / /	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Other: Provider Initials:

Vaccine:	Date: Month / Day / Year	Or Titer Results (titer results paperwork must be included)
Influenza	_____ / _____ / _____	Required if attending class during flu season, October 1 – March 31
MMR: Dose 1	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
MMR: Dose 2	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Hepatitis B: Dose 1*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Hepatitis B: Dose 2*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Hepatitis B: Dose 3*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Varicella: Dose 1*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Varicella: Dose 2*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity
Tdap: Dose 1*	_____ / _____ / _____	<input type="checkbox"/> Negative Immunity <input type="checkbox"/> Positive Immunity

***DECLINE VARICELLA VACCINATION**

I understand that due to my occupational exposure, I may be at risk of acquiring the varicella-zoster virus (VZV). I have been given the opportunity to be vaccinated with the varicella vaccine; however, I decline varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring varicella. By declining the varicella vaccine at this time I agree to hold harmless CSRIPS, their staff and all its agents. **I decline the 2 Varicella Vaccine Injections**

Patient Signature	Practitioner's Stamp	Date
-------------------	----------------------	------

***DECLINE HEPATITIS B VACCINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. By declining the hepatitis B vaccine at this time I agree to hold harmless CSRIPS, their staff and all its agents. **I decline the 3 Hepatitis B Vaccine Injections**

Patient Signature	Practitioner's Stamp	Date
-------------------	----------------------	------

- Referral and/or Follow Up Advised. (Please refer to the patient's chart for more specific details)
- I have found this student to be physically qualified, having no current major health issue that would limit them from performing any CSRIPS clinical externship duties, and found them free of known communicable disease.

Practitioner's Signature	Practitioner's Stamp	Date
--------------------------	----------------------	------

MEDICAL RECORD RELEASE FORM: I hereby authorize the release of the information documented on the above form to the **CSRIPS** for the sole use of a general work physical and/or drug screen test:

Patient Signature	Date
-------------------	------