



*"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



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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:*

- |  |   |
|--|---|
| <input type="checkbox"/> Dermatological system                 | <input type="checkbox"/> Neurological system                        |
| <input type="checkbox"/> Cardiovascular system                 | <input type="checkbox"/> Ears, eyes, nose, mouth, throat            |
| <input type="checkbox"/> Clinical evaluation of 12 lead EKG    | <input type="checkbox"/> Auditory hearing in the pure tone          |
| <input type="checkbox"/> Systolic and Diastolic Blood pressure | <input type="checkbox"/> Far visual acuity corrected or uncorrected |
| <input type="checkbox"/> Respiratory system                    | <input type="checkbox"/> Peripheral vision                          |
| <input type="checkbox"/> Gastrointestinal system               | <input type="checkbox"/> Genitourinary system                       |
| <input type="checkbox"/> Endocrine and metabolic systems       | <input type="checkbox"/> Musculoskeletal system                     |

**Findings/comments/previous conditions/surgery:**

**Is the student currently taking any medications?**

*If yes, please list:*

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

*If yes, please specify:*

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

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

Has no pre-existing or current condition, illness, injury, or deficiencies. The applicant is medically fit to engage in EMT / Paramedic training.

Signature

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.

Signature

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

