



# Respond Right EMS Academy

## Return To School / Health & Physical Examination

**TO THE EXAMINING PHYSICIAN/NURSE PRACTITIONER:** Please review the student’s history and complete this form. This student has been granted provisional acceptance to an EMS training program pending physical exam result. The program will require the student to provide direct patient care. The information contained in this form will be released only with the student’s consent.

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**Last Name** **First Name** **Middle**

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**DOB** **Gender**

### I. REVIEW OF SYSTEMS

If there are any abnormalities of the following systems, please describe fully, using additional sheets if necessary.					
	YES	NO		YES	NO
1. Head, Ears, Nose & Throat			9. Integumentary		
2. Hearing (Any loss or use of aids)			10. Neurological		
3. Vision (Contacts, Glasses, etc)			11. Psychiatric		
4. Respiratory			12. Endocrine		
5. Cardiovascular			13. Hematologic / Lymphatic		
6. Abdomen / Gastrointestinal			14. Allergic / Immunologic		
7. Genitourinary					
8. Musculoskeletal					



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### II. HISTORY AND IMMUNIZATIONS

#### MEDICATION:

Yes  No

Is this person currently taking any medication?

If yes, please list the medication or include a printed list.

Medication	Dose

#### MEDICAL HISTORY:

Yes  No

Does this person have any diagnosed medical, emotional or behavioral conditions? If they are taking a medication as listed above, please list the medical condition they are taking it for.

If yes, please list them or include a printed list.

Medical Condition

#### ALLERGIES:

Yes  No

Does this person have any food or non-food allergies?

If yes, please list them or include a printed list.

Allergies

Is this person capable of performing the technical standards of an EMT or Paramedic as seen on page 3?

Yes  No

**If you answered 'No', please explain:**

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### Technical Standards

#### Physical

- Assist in lifting and carrying injured and/or ill persons to and from the ambulance.
- Engage in pushing and/or pulling to assist in extrication of a patient pinned beneath or inside a vehicle, and in vehicles with electrical hazards.
- Walk, stand, lift, carry, and balance 125 pounds without assistance, (250 pounds with assistance) while lifting, pulling, pushing and carrying a patient.
- Stoop, kneel, bend, crouch and crawl on uneven terrain to gain access to a patient.
- Climb stairs, hillsides, and ladders to gain access to a patient.
- Work effectively in low light, confined spaces, extreme environmental conditions, and other dangerous environments while remaining calm.
- Perform fine motor movements while in stressful situations and under threatening time constraints.
- Perform major motor movements as required to operate the ambulance stretcher, and equipment.
- Move with sufficient speed to respond to emergency situations

#### Cognitive

- Locate the scene of an emergency by reading maps and responding safely and quickly to the location as directed by the dispatcher while observing traffic ordinances.
- Perform patient assessments, implement treatment, and calculate weight and volume ratios under threatening time constraints.
- Convey information accurately verbally and written in English
- Evaluate and solve problems
- Prioritize and plan information, tasks and deadlines.

#### Behavioral (Affective)

- Maintain concentration, be able to adapt to sudden and unexpected change.
- Respond appropriately to stress and other strong emotions while caring for others.
- Communicate verbally in person, via telephone and radio equipment.
- Work in chaotic environments with loud noises and flashing lights.



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<b>IMMUNIZATION</b>
<i><b>MUST</b></i> Provide a print-out from your physician for documentation of immunization records
<ul style="list-style-type: none"> <li>• Documentation of MMR               <ul style="list-style-type: none"> <li>• Two MMR vaccinations at least 1 month apart after age 1 <b>OR</b></li> <li>• Positive titers to measles, mumps and rubella <b>OR</b></li> <li>• Documentation of 2 measles, 2 mumps, and 1 rubella vaccination</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of Current Hepatitis A – in progress or completion of both series. Must provide dates of each.</li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of Current Hepatitis B – in progress or completion of all three. Must provide dates of each.</li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of Negative PPD (Tuberculosis)               <ul style="list-style-type: none"> <li>• TWO TB skin tests within the last 12 months (must be placed at least 1-3 weeks apart) - per the CDC, it is as a two-step process <b>OR</b></li> <li>• ONE TB blood test within the last 12 months (IGRA) (T-Spot, Quantiferon Gold, etc) <b>OR</b></li> <li>• Chest X-ray - in the last two years with documentation of official report (for positive results only)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of Varicella- Series of two doses or immunity by positive titer</li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of T-dap. Must be within the last ten years</li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of Current Flu Vaccination. Required between Oct 1 and March 31. These dates are subject to change per CDC guidelines.</li> </ul>
<ul style="list-style-type: none"> <li>• Documentation of COVID 19 Vaccine. Everyone 16 and older is now eligible to receive the COVID vaccine. Any manufacture of the COVID 19 vaccine will be accepted. Must provide proof of the vaccine from your physician or medical provider.</li> </ul>
<ul style="list-style-type: none"> <li>• Additional immunizations or vaccines could be required per CDC guidance.</li> </ul>

### IV. PHYSICIAN SIGNATURE

Physician Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone: \_\_\_\_\_