

EMT Basic and Paramedic Student Performance Skills

Critical Thinking

Critical thinking sufficient for emergency medical judgment: Independent judgments in a physician's absence; Determine treatment priorities; Make quick decisions.

Interpersonal

Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds: Life and death situations; Family stress of patient's illness; Peer stress from critical incident; Cultural diversity in reactions to illness or injury.

Communication

Communication abilities sufficient for interaction with others in verbal and written form: Radio report of patient condition; Comprehensive written reports of patient condition and treatment; Verbal report to other health care providers.

Mobility

Physical abilities sufficient to climb, stoop, crouch, kneel, and lift 150 lbs., drag, crawl, balance, reach, push, carry, bend, walk, run, and shuffle: Work in natural and man-made disasters; Move patients from incident to safety.

Motor Skills

Gross and fine motor abilities, finger dexterity, vision and hand movements sufficient to provide safe and efficient emergency care: Tie a knot, bandage; Give injections; Pick up small objects; Write with a pen.

Hearing

Auditory ability sufficient to monitor and assess health needs: Auscultation of breath sounds; Converse with patient; Work around loud equipment, on roadway; Hear radio transmissions and pager tones; Talk on telephone.

Vision

Visual ability sufficient to work in dark or dimly lit, bright light, and have spatial aptitude and form perception and color discrimination: Reading and writing reports; Visualize mechanism of injury in relation to patient's condition; Describe size and shape of wound; Describe patient's skin color.

Tactile

Tactile ability sufficient for physical assessment: Perform palpation, See motor skills.

Environmental Adjustment

Ability to provide patient care in a variety of locations and conditions: Deliver patient care in all weather conditions, in water, mud, roadways, fields, buildings, high and low elevations, in hot or cold air temperatures.

PHYSICAL EXAMINATION INSTRUCTIONS

Due - Noon - August 7, 2015

1. Schedule a physical exam with your personal healthcare provider, health clinic, or with a college health center. Please be aware that some healthcare providers may not be able to schedule a physical exam on short notice. Don't wait to set up an appointment! The person conducting the exam and signing the form must be a licensed Physician, Physician Assistant, or ARNP.
2. You must complete a Physical Exam and have the EMS Programs Physical Examination Form (see attached) completely filled out by the Physician conducting the exam. The Form is included in this packet and is available to download from the EMS Programs Website: <http://dept.sfcollege.edu/ems/documents.html>
3. Return the completed form to EMS Programs. You will not be allowed to attend class until your physical exam form is received and approved by EMS Programs.

The Exam Form must be returned by mail or in person to:

**EMS Programs
Institute of Public Safety
3737 NE 39th Avenue
Gainesville, FL 32609**

If sent by mail, please mark the envelope "confidential."

IMMUNIZATIONS

If required immunizations are not documented on the Physical Exam Form, you must provide other proof of immunizations (shot records). If you are unable to provide shot records, you may have your blood tested for antibodies (have titers checked). This can be done at the Student Health Center, by your personal healthcare provider or at a health clinic.

CONFIDENTIALITY

ALL STUDENT RECORDS WILL BE KEPT CONFIDENTIAL.

EMS Programs at Santa Fe College will not release a student's records or health related information to anyone but that student, unless written permission is provided directly from the student to release such information.

STUDENT PERFORMANCE STANDARDS

Students must possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment. Performance standards for Emergency Medical Services students (Emergency Medical Technician and Paramedic) are based on information from the United States Department of Transportation Job Task Analysis.



PHYSICAL EXAMINATION FORM

The EMS student's physical examination provides evidence that the student can meet the demands of physically and emotionally challenging training without becoming a hazard to themselves, EMS personnel or their patients. This form must be completed by a licensed physician, physician assistant, or ARNP. Return form to the EMS Office no later than Noon - August 7, 2015.

Applicant/Patient Name (PRINTED): _____

Date of Birth: _____ Date of Examination: _____

MEDICAL HISTORY (CHECK ALL THAT APPLY)

Does the applicant/patient have a history of:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Prior Surgery |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Orthopedic Disorders | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Cardiac Abnormalities | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Hernia | <input type="checkbox"/> Emotional Disorders |
| <input type="checkbox"/> GI Disorders | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Back or Neck Problems |
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Urticaria | <input type="checkbox"/> Neurological Abnormality |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Other |

Please provide information concerning and boxes checked: _____

Present Medications: _____

Allergies: _____

Reactions: _____

PHYSICAL EXAMINATION

Height: _____

Weight: _____

T/P/R: _____

BP: _____

Vision Acuity: _____

Vision Corrected: 20/_____ (Left)

Color Vision: _____

Vision Corrected: 20/_____ (Right)

HEENT: _____

Hearing Assessment: _____

Cardiopulmonary: _____

Neurological: _____

Abdominal: _____

Musculoskeletal: _____

Back: _____

Rectal/GU: _____

General: _____



LABORATORY FINDINGS

PPD or TINE Test (TB Test must be repeated annually)

PPD: _____ TINE: _____ Checked: _____ Findings: _____

If positive, or if the patient has received BCG, Date of last chest X-Ray: _____

IMMUNIZATIONS (If not given at the time of the physical, other documentation is required by EMS Programs)

MMR (please check one of the following):

- _____ Was born prior to 1957
- _____ Has adequate titers of anti-measles antibody
- _____ Has a physician documented case of measles
- _____ Has proof of booster immunization to the measles virus
- _____ Initial immunization Date: _____ Booster Date: _____

Tetanus (Tt or Td) Date: _____

Hepatitis B Dates: 1) _____ 2) _____ 3) _____

Functions which are essential for EMS students, as adopted from the U.S. Department of Transportation Functional Job Analysis, are listed below. Please verify the following items by initialing.

- _____ **GENERAL PHYSICAL CONDITION:** Physical stamina; endurance and body condition that would be adversely affected by frequently having to walk and stand, lift, carry, and balance at times in excess of 150 lbs, in setting that may be outdoors in hot, wet, and slippery environments.
- _____ **MOBILITY:** Normal gait and motor coordination is necessary because over uneven terrain, patient's, student's, and other worker's well-being must not be jeopardized. Mobility also includes the ability to knell, crouch, crawl, and reach to perform proper patient care.
- _____ **FINE MOTOR SKILLS:** Finger dexterity, vision, and hand movements sufficient to tie a knot, bandage, give injections, pick up small objects, and write with a pen.
- _____ **NORMAL SENSES:** Ability to talk, hear, smell, and see including normal fields of vision, depth perception, and color vision are required to assess patients and to protect patients from hazard.
- _____ **ENVIRONMENTAL ADJUSTMENT:** Ability to focus on the best care possible in often adverse and dangerous situations. There may be exposure to a variety of noise levels, which at times can be quite high, particularly, when multiple sirens are sounding, and crowds/bystanders/families may be upset, crying hysterically, and making demands that may or may not be reasonable.

I hereby certify that _____ has been examined by me on _____ (date) and is found to be in good physical and mental health and is able to undertake the training of the Emergency Medical Services Program.

Practitioner Name (PRINTED): _____

Signature: _____

Licensed as: _____ Physician _____ Physician's Assistant _____ ARNP --- Telephone: _____