



HEALTH HISTORY & MEDICAL RECORD DHS-EMS1

The information contained in this Health History & Medical Record may not be used or disclosed unless specifically authorized by the student or is specifically required or permitted by law.

In order to register for an EMT-Basic Original, EMT-Critical Care Original or any other EMS course requiring a Clinical Rotation, this Health History & Medical Record must be completed and be on file with the student's physician.

Name of Student: _____

Student's Address _____

Student's Telephone number (s): Day _____ Evening _____

Name of Ambulance / Fire Agency _____

SECTION I - HEALTH HISTORY - (To be completed by the Student)

Name, telephone number and relationship of person to be notified in case of an emergency _____

Age: _____ Date of Birth: _____ Sex: Male _____ Female _____

<u>DO YOU HAVE or HAVE YOU HAD</u>	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Alcohol /Drug Dependency	()	()	Allergies	()	()
Asthma /Respiratory Disorders	()	()	Diabetes	()	()
Difficulty with Coordination	()	()	Emotional Disorder	()	()
High Blood Pressure	()	()	Heart Disease	()	()
Joint Disease	()	()	Hepatitis	()	()
Rheumatic Fever	()	()	Kidney Disease	()	()
Seizures, Epilepsy or loss of consciousness	()	()	Bleeding Disorder	()	()
Vision that cannot be corrected with glasses	()	()	Ulcer	()	()
Other _____	()	()	Hernia	()	()
			Back Disorders	()	()

Have you been hospitalized within the past five years? Yes () No ()

Do you take any medications on a regular basis Yes () No ()

Have you had the Chicken pox (Varicella)? Yes () No ()

To the best of my knowledge the above statements are true.

Print Name of Student

Signature of Student

Date

SECTION II - MEDICAL RECORD

(To be completed by physician) *Please comment on all positive findings.*

Certification of Immunizations:

REQUIRED: Measles (Rubella) Immunity for those born on or after January 1, 1957. - Must have **one** of the following:

1. Approximate date (s) of Measles Immunization (1)_____ (2)_____

The first dose administered on or after the age of 12 months and the second dose administered more than 30 days after the first dose but after 15 months of age.
2. Date of Measles Titer: _____ Results: _____
3. Approximate date of physician diagnosed measles disease: _____

AND signature of the diagnosing physician _____

REQUIRED: German Measles (Rubella) Immunity - Must have one of the following:

1. Date of at least one rubella immunization (1)_____ (2)_____
2. Date of Rubella Titer: _____ Results: _____

REQUIRED: PPD Mantoux (within six months prior to class; yearly thereafter if negative)

Date of PPD Mantoux: _____
Results: Positive _____ Negative _____

If PPD is positive, chest x-ray and record of the results place and date of examination.

REQUIRED: Hepatitis B – Satisfy either 1, 2 or 3 below.

1. Three doses of vaccine. First two doses must be thirty days apart and completed before classes begin. Third dose should be given six months after first dose.
1st Dose Date: _____ 2nd Dose Date: _____ 3rd Dose Date: _____
2. Titer results showing immunity (attach lab report).
Date of Titer: _____ Results: _____
3. Attach an OSHA Declination Statement to the DHS-EMS 2 form.

Tetanus: Approximate date of last tetanus booster: _____
A tetanus booster should be given every ten years.

Physical Examination

Height _____	Weight _____
Blood Pressure _____	Resting pulse _____
Respiratory Rate _____	
Vision Right 20/	Corrected to: 20/
Left 20/	20/

Are there any abnormalities of the following systems?

	Normal	Abnormal
Head, Ears, Nose, Throat or Teeth		
Eyes (with Ophthalmoscopic) Right		
Left		
Hearing		
Neck-Thyroid-Lymph nodes		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genitourinary		
Musculoskeletal		
Metabolic /Endocrine		
Neuropsychiatric		
Skin		

Describe positive findings as noted in the Health History and Physical Examination:

Print Name of Physician

Signature of Physician

Date