Health Examination Documentation for EMT Students

Name: _____ Phone #: _____

Address: _____

Name of person to be notified in emergency: _____

Phone #: _____ Relationship: _____

HEALTH HISTORY

Please list all medical conditions for which the individual is under a physician's care, is being monitored or is taking routine medication to treat:

_____
_____
_____

Please list all medications that the individual is taking:

_____
_____
_____

Please list all allergies to medications, foods, and others:

_____
_____
_____

Please list all surgeries and major surgical procedures:

_____
_____
_____

Please inquire about and address any hospitalizations that the individual has had in the last 12 months:

_____
_____
_____

Physical Exam:			
HR	BP	RR	Temp
Weight	Height	BMI	
Visual Acuity	Gross Hearing Testing		

I have examined this individual and have found that they meet the functional requirements to serve as a New York State EMT.

I have reviewed the individual's medical and surgical history, any medications or medical conditions for which they are being monitored and/or treated, and I find that the student is capable of serving as an EMT, which includes driving emergency response vehicles and working under stressful situations.

I have reviewed the individual's vaccination history, and any antibody titers and their PPD/QuantiFERON gold testing and find that the student meets the New York State requirements to serve as a health care provider (or have signed appropriate declinations).

_____

Health Care Provider's Name and License Number

_____

Health Care Provider's Signature

_____ _____

Date Phone Number