



A pre-entrance medical examination is required for all students enrolled in Virginia Peninsula Community College Fire and EMS Education Department Emergency Medical Services (EMS) Programs. This form must be completed by a health care provider and uploaded to Fisdap by the designated date. Please be sure this form is filled out completely, and retain a copy for your records.

Name of Applicant: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Number and Street)

(City) (State) (Zip Code)

Telephone Number: _____

Date of Birth: _____
(Month) (Day) (Year)

To be completed by Student:

STUDENT'S HEALTH HISTORY

Please check any conditions that apply if you have (or have had in the past) these problems. Provide details of positive answers below.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Abnormal Chest x-ray | <input type="checkbox"/> Fear of closed spaces | <input type="checkbox"/> Mental health | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney infection/stone | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Organ transplant | <input type="checkbox"/> Thyroid trouble |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Colon problem | <input type="checkbox"/> Heart trouble/disease | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis/liver disease | <input type="checkbox"/> Recent cold or flu | _____ |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatic fever | _____ |
| <input type="checkbox"/> Eye disorder | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Rheumatoid arthritis | _____ |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Ruptured ear drum | _____ |

Details:

ALLERGIES: Medications, Foods, Pollen, etc. (include reaction) _____

MEDICATIONS

List medications (including birth control, acne drugs, antidepressants, etc.) you are currently taking (include medication/dosage and reason for taking them).

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Drug _____ Dose _____ Reason _____

Hospitalizations/Surgeries (List procedures and dates):

FAMILY HISTORY

Check any that apply, if condition exists in your family (immediate family, grandparents, aunts, uncles, cousins)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Eye disorders	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Stroke	_____
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Ulcer	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental illness	<input type="checkbox"/> None	_____

Statement of Understanding Regarding Pre-Entrance Medical Examination

The answers that I have given regarding my health status are true to the best of my knowledge. Falsification of any information in the questionnaire may result in dismissal from the Virginia Peninsula Community College Emergency Medical Services Program(s) for which I am enrolled. I understand that the information will be used to determine whether I am capable of performing the physical requirements for the program. My signature below indicates my understanding of the above statement.

I understand that I (student) am required to maintain health insurance and/or be responsible for medical expenses incurred for medical diagnosis and/or treatment(s) during clinic assignment, clinical and/or field experiences or internships.

Date: _____ Student Signature: _____

To Be Completed by the Health Care Provider: Please assess the following systems. Describe fully any abnormal findings. Use additional sheet if needed.

Height: _____ Weight: _____

	WNL			WNL	
	YES	NO		YES	NO
Head, Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>
Vision/Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Metabolic/Endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>

DIAGNOSIS:

Excellent health with no chronic medical problems OR

Other diagnosis and recommendations – please list: _____

At this time, are you aware of any health conditions that would affect this individual's progress in the specified health professions program? Yes No

Recommendations: _____

Date: _____ Physician Signature: _____

Physician's Printed Name: _____

VIRGINIA PENINSULA COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM
ESSENTIAL FUNCTIONS AND PHYSICAL REQUIREMENTS

The EMS faculty has determined that to successfully complete the classroom, lab, simulation, clinical and field components of the Virginia Peninsula Community College EMS Program, as well as to function as an entry level EMS provider, the student must possess certain essential abilities and have the ability to perform defined essential functions. The standards below are compatible with the Virginia OEMS/Atlantic EMS Council BLS/ALS Functional Position Description and other health professions programs. The EMS provider must demonstrate competency in handling emergency and nonemergency incidents utilizing basic and advanced life support equipment, knowledge, skills and abilities in accordance with the objectives in the U.S. Department of Transportation National EMS Education Standards for the EMT, AEMT, and Paramedic to include having the ability to:

Attendance:

1. Regular classroom and clinical attendance as defined by the EMS program policies.
2. Successfully completed an approved curriculum with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines.
3. Attend continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.

Essential Mental Abilities:

1. Maintain reality orientation accompanied by short and long term memory.
2. Adapt to school and clinical environment.
3. Follow rules and instructions.
4. Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
5. Comprehend and be able to perform mathematical calculations/ratios and apply them in expedient, practical manner.
6. Demonstrate safe patient care practices within the defined clinical/field time period.
7. Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
8. Adhere to the ethical/legal standards of EMS practice.
9. Read and comprehend written materials under stressful conditions;
10. Interpret and respond to written, oral, and diagnostic form instructions;
11. Use good judgment and remain calm in high-stress situations and take on the role of a leader.
12. Read road maps; drive vehicle, accurately discern street signs and address numbers.
13. Read medication/prescription labels and directions for usage in quick, accurate, and expedient manner.
14. Discern deviations/changes in eye/skin coloration due to patient's condition and to the treatment given.
15. Withstand varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
16. Performs in situations that create stress and tension on a regular basis.
17. Be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expediently relevant to patient's condition, often, using limited information.
18. Have knowledge and skills relevant to position and be able to implement them in stressful situations.
19. Be cognizant of all legal, ethical, and moral obligations inherent within scope of practice.

Essential Communication Skills:

1. Speak clearly in order to communicate with patients, families, health care team members, peers and faculty.
2. Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communicate and organize thoughts in order to prepare written documents.
4. Document, physically in writing, document physically patient information in prescribed format that are correct in style, grammar and mechanics in light of legal ramifications of such.

5. Verbally communicate in person, via telephone and telecommunications using the English language.
6. Hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene.
7. Communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders.

Essential Physical Abilities:

1. Stand and walk for ten to twelve hours/day.
2. Walk for prolonged periods from one area to another over a ten to twelve hour period.
3. Bend, squat and kneel, stoop, crawl, and walk on uneven surfaces.
4. Assist in lifting or moving patients of all age groups and weights.
5. Lift, carry, and balance up to 125 pounds (250 with assistance) a height of 33 inches, a distance of 10 feet.
6. Perform CPR, i.e., move above patient to compress chest and manually ventilate patient.
7. Work with arms fully extended overhead.
8. Use hands for grasping, pushing, pulling, and fine manipulation.
9. Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.
10. Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner.

Essential Sensory Abilities:

1. Possess tactile ability to differentiate changes in sensation.
2. Possess tactile ability sufficient for physical assessment.
3. Possess auditory acuity to note slight changes in the patient's condition, i.e., lung sounds, etc.
4. Possess auditory acuity to hear patient calls for assistance without facing the patient.
5. Possess auditory acuity to interpret various equipment signals and use the telephone.
6. Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
7. Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
8. Possess olfactory ability sufficient to detect differences in odor.

The entry-level EMS provider:

1. Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
2. Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
3. In the absence of public safety personnel takes safety precautions to protect the injured and those assisting in the care of the patient(s).
4. Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
5. Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
6. Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, and establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
7. Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, and use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
8. Manages medical patients to include, but are not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.

9. Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
10. Responsible for the administration of oxygen, oral glucose and activated charcoal.
11. Reassures patients and bystanders by working in a confident, efficient manner.
12. Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement) Communicates verbally for additional help as needed.
13. Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at that scene.
14. Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
15. Determines most appropriate facility for patient transport. Reports to the receiving facility, the nature and extent of injuries, and the number of patients being transported.
16. Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
17. Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility staff.
18. Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, and sends used supplies for sterilization.
19. Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
20. Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.

PLEASE COMPLETE FOR EMS PROGRAM STUDENTS ONLY

At this time, are you aware of any health conditions that would affect this individual's progress in the EMS program?

Yes No

Recommendations: _____

Date: _____

Healthcare Provider's Signature: _____

Healthcare Provider's Printed Name: _____



Virginia Peninsula Community College Fire & EMS Education Department Emergency Medical Services Student Immunization Form

*** SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM ***



Student's Name: _____ Date: _____

Ref #	Vaccine	Dates			Titer			7	COVID-19	
1	MMR	Mo / Da / Yr	Mo / Da / Yr	OR	Mo / Da / Yr	Immune: Yes _____ No _____		First Dose	Mo / Da / Yr	
2	Varicella (Chicken Pox)	Mo / Da / Yr	Mo / Da / Yr	OR	Mo / Da / Yr	Immune: Yes _____ No _____		Second Dose	Mo / Da / Yr	
3	Hepatitis B	Mo / Da / Yr	Mo / Da / Yr	Mo / Da / Yr	OR	Mo / Da / Yr	Immune: Yes _____ No _____		Booster	Mo / Da / Yr
4	Tetanus (Td) AND	Mo / Da / Yr	<h2 style="margin: 0;">VIRGINIA PENINSULA COMMUNITY COLLEGE</h2>					Must be within the last 10 years		
	Pertussis OR	Mo / Da / Yr						Must be within the last 10 years		
	Tetanus With Pertussis (TdaP)	Mo / Da / Yr						Must be within the last 10 years		
5	Tuberculin Test (PPD Yearly) Step 1 and 2	1st Academic Year	Step 1	Mo / Da / Yr Date Given	Mo / Da / Yr Date Read	Test Results: ____mm	Chest X-Ray, required if +PPD Chest X-Ray Results: _____			
		1st Academic Year	Step 2	Mo / Da / Yr Date Given	Mo / Da / Yr Date Read	Test Results: ____mm	Mo / Da / Yr OR			
		2 nd Academic Year		Mo / Da / Yr Date Given	Mo / Da / Yr Date Read	Test Results: ____mm	QuantIFERON Gold Mo / Da / Yr Immune: Yes _____ No _____			
6	Influenza (0.5 mL Injection Preferred)	First Academic Year	Mo / Da / Yr Date Given	Required annually during Flu season, by October 1 st .						
		Second Academic Year	Mo / Da / Yr Date Given	Required annually during Flu season, by October 1 st .						

EMERGENCY MEDICAL SERVICES TUBERCULOSIS TEST INSTRUCTIONS

Tuberculosis surveillance is required by OSHA, JCAHO, and other regulatory agencies for health care employees, volunteers, and physicians. A two-step TB Skin Test (TST) is required on-hire. A TST is required annually thereafter. Other testing may be required related to exposure to TB. The TB Skin Test is to be read **48-72 hours after placement**.

To be completed by Student:		
PROGRAM select one: Emergency Medical Technician <input type="checkbox"/> Paramedic <input type="checkbox"/>		
Name: _____		Today's Date: _____
Please check YES or NO for the following questions:		
Since your last TB review, have you worked in a location where patients with active TB received care or services?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last TB review, have you lived with or had close contact with someone who has TB disease?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last TB review, have you had an abnormal chest x-ray?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last TB review, has a healthcare practitioner told you that your immune system isn't working or can't fight infection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work, volunteer, or live in another facility that provides medical or social services?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last TB review, have you traveled outside the U.S.A.? If yes, where?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last TB review, have you had any of the following symptoms for more than 3 weeks at a time? (Please check all symptoms that apply; if you have no symptoms, check NONE).		
<input type="checkbox"/> Persistent coughing	<input type="checkbox"/> Hoarseness	
<input type="checkbox"/> Excessive weight loss	<input type="checkbox"/> Excessive fatigue	
<input type="checkbox"/> Excessive sweating at night	<input type="checkbox"/> Coughing up blood	
<input type="checkbox"/> Persistent fever	<input type="checkbox"/> None	
I have reviewed the above and I am currently free of signs and symptoms of active disease.		
Student Signature _____		Date _____
STEP 1 OR ANNUAL PPD: TO BE COMPLETED BY HEALTHCARE PROVIDER:		
TB Skin Test: <input type="checkbox"/> Step 1 <input type="checkbox"/> Annual <input type="checkbox"/> Post Exposure		
Date Placed: _____ Site: <input type="checkbox"/> LFA <input type="checkbox"/> RFA		
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION		
Date Read: _____		
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration		
<input type="checkbox"/> Positive or Indeterminate Test (Must be referred to Occupational Health for immediate interpretation).		
Test Read by _____		
Name		Title
STEP 2 OR ANNUAL PPD: TO BE COMPLETED BY HEALTHCARE PROVIDER:		
*NOTE: STEP 2 MUST BE COMPLETED TWO WEEKS AFTER STEP 1.		
TB Skin Test: <input type="checkbox"/> Step 2 <input type="checkbox"/> Annual <input type="checkbox"/> Post Exposure		
Date Placed: _____ Site: <input type="checkbox"/> LFA <input type="checkbox"/> RFA		
TEST MUST BE READ WITHIN 48-72 HOURS AFTER ADMINISTRATION		
Date Read: _____		
<input type="checkbox"/> Results in mm: _____ Neg (0mm) without induration		
<input type="checkbox"/> Positive or Indeterminate Test (Must be referred to Occupational Health for immediate interpretation).		
Test Read by _____		
Name		Title