In order to participate in the clinical portion of any health science program, the student must complete a Medical History and Physical Examination Form. Admission into the EMT/Paramedic Program is provisional based upon acceptance of the approved health evaluation record.

Failure to submit the original form - complete with documentation - may prevent the student from progressing to the clinical portion of the program. Valid verification of immunizations is required for eligibility to attend clinicals at the health care agencies.

**Students are responsible for the cost of the physical examination and any related expenses.**

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**Section 1: Student Self-Report of Medical History**
This section about past and current health status should be completed by the student prior to having the physical examination.

**Section 2: Medical History and Physical Examination**
The Health Care Examiner will review any documentation the student provides.

**Immunization Verification**

I. A PPD and/or CXR required annually, within the past 12 months. The PPD result must be documented in millimeters of induration. If a PPD is positive, a chest x ray is required every year. QuantiFERON TB Gold Test is not accepted.

II. A Tdap (Tetanus, Diphtheria, and Pertussis) vaccine is required within 10 years of the date of the examination.

III. COVID-19 Vaccination (Pfizer, Moderna, or Johnson and Johnson)

IV. A seasonal flu vaccine is required with documentation during flu season.

V. Measles, Mumps, Rubella, Varicella, titers must be completed to verify immunity. Titers must be completed within 10 years of the date of the examination. All negative results necessitate a vaccination. If the Measles, Mumps, Rubella or Varicella titer is negative, two post-titer MMR or Varicella boosters are required. A student stating that they have had the disease is NOT acceptable documentation

VI. Hepatitis B titer must be completed within the past ten years. If negative, the Hepatitis series must be completed (0, 1 month, 2 months after the second dose – 6 months after if using the combined Hepatitis A & B vaccine) OR the student can decline.

VII. Results of all laboratory blood tests and diagnostics are required.

**Health Care Examiner’s Statement**

This section is to be completed by a Licensed Professional Health Care Examiner (MD, DO, ARNP or PA only). All sections must be completed with a signature provided.

This section is to be completed by a Licensed Professional Health Care Examiner (MD, DO, ARNP or PA only). All sections must be completed with a signature provided.

The following sections must be reviewed and signed by the student:

- Section 3: Release of Information
- Section 4: Verification of Compliance with Technical Performance Standards
- Section 5: Permission to Render Medical Treatment
Section 1: Student Self Report of Medical History – Please Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Contact at:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>BC Email Address</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Review of Systems / Medical History — please check all that apply**

- Abnormal Bleeding
- Bleeding
- Hernia
- Hemorrhage
- High Blood Pressure
- Hypertension
- Hypertrophic
- Arterial Stenosis
- Arteriosclerosis
- Anemia
- Anaemia
- High Cholesterol
- Hyperlipidemia
- Arthritis
- Intestinal / Stomach
- Arthritis of Hip
- Arthritis of Knee
- Arthritis of Shoulder
- Arthritis of Elbow
- Arthritis of Wrist
- Arthritis of Fingers
- Arthritis of Spine
- Arthritis of Jaw
- Arthritis of Ankle
- Arthritis of Foot
- Arthritis of Joints
- Arthritis of Other
- Asthma
- Allergic Asthma
- Mononucleosis
- Mental Disorder
- Neurological Disorder
- Orthopedic Disorder
- Central Nervous System Disorder
- Depression
- Prior Surgery
- Rheumatic Fever
- Ear Problem / Hard of Hearing
- Seizure Disorder
- Sickle Cell Trait
- Sinus Problems
- Fracture of
- Skin Disease
- Gallbladder Disease
- Gall Bladder Disease
- Spleenectomy
- Headaches / Migraines
- Sprain of
- Heart Murmur or Arrhythmia
- Syncope / Fainting
- Heart Problem (other)
- Thyroid Disease
- Hepatitis
- Tuberculosis

Provide information regarding any of the boxes checked above. Explain medical/psychological occurrence and current status.

Please indicate any health concerns, if any, that you presently have:

Allergies: _____ None _____ Latex _____ Penicillin/Ampicillin _____ Other
**Section 2: Medical History & Physical Examination**

**Examiner:** Please examine this student as you would for a routine check-up. This student will be working closely with clients in various health care settings. Please indicate/comment on any abnormal findings; using additional sheets if necessary or providing further documentation.

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>FINDING</th>
<th>COMMENTS/PREVIOUS CONDITIONS/SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine/Metabolic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/Ears/Nose /Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examiner:** Summarize diagnosis, treatment and prognosis or provide any official documentation as it relates to any written response.

---

Is the student currently taking any medications?  
If yes, please list:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Is the student restricted from participating in unlimited physical activities in the clinical area? If yes, please specify limitation:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Does the student require any follow-up health supervision?  
If yes, please specify:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Within the last 5 years, has the student been treated for substance related (drug/alcohol) disorder?  
If yes, please specify:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
# BROWARD COLLEGE EMT/PARAMEDIC PROGRAMS
## ADMISSION MEDICAL HISTORY & PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
</tr>
</thead>
</table>

**Mantoux PPD – Tuberculin Test and/or CXR required annually – within past 12 months**

<table>
<thead>
<tr>
<th>PPD Test Date</th>
<th>Attach supporting documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time Administered</td>
<td>Administered by</td>
</tr>
<tr>
<td>Manufacture of PPD</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Date Read</td>
<td>Read By</td>
</tr>
</tbody>
</table>

Results in Millimeters of Induration

**If results are positive or restricted from a PPD due to the BCG vaccine, a chest X-ray is required**

<table>
<thead>
<tr>
<th>Chest X-ray Date</th>
<th>Attach Results of Chest X-ray</th>
<th>Examiner’s Initials</th>
</tr>
</thead>
</table>

**Tdap (Tetanus, Diphtheria, Pertussis) – within 10 years**

<table>
<thead>
<tr>
<th>Date Vaccination Provided</th>
<th>Attach supporting documentation</th>
<th>Examiner’s Initials</th>
</tr>
</thead>
</table>

**COVID-19 VACCINE**

<table>
<thead>
<tr>
<th>Vaccination #1</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination #2</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Flu Vaccine - seasonally between September 15 & March 31**

<table>
<thead>
<tr>
<th>Date of Vaccine</th>
<th>Attach supporting documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot Number</td>
<td>Examiner’s Initials</td>
</tr>
</tbody>
</table>

**MMR - Rubeola(Measles), Mumps(Parotitis), Rubella(German Measles)**

<table>
<thead>
<tr>
<th>Date Titer Completed</th>
<th>Attach supporting documentation</th>
<th>Examiner’s Initials and date</th>
</tr>
</thead>
</table>

#1 Date Booster completed for Negative Titer

#2 Date Booster completed for Negative Titer

**Varicella – Chickenpox**

<table>
<thead>
<tr>
<th>Date Titer Completed</th>
<th>Attach supporting documentation</th>
<th>Examiner’s Initials and date</th>
</tr>
</thead>
</table>

#1 Date Booster completed for Negative Titer

#2 Date Booster completed for Negative Titer

**Hepatitis B Titer**

<table>
<thead>
<tr>
<th>Date Booster completed</th>
<th>Results</th>
<th>Examiner’s Initials</th>
</tr>
</thead>
</table>

**Hepatitis Series**

<table>
<thead>
<tr>
<th>Date Booster completed</th>
<th>Examiner’s Initials and date</th>
</tr>
</thead>
</table>

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by refusing to take this vaccination, I continue to be at risk of acquiring Hepatitis B.

**Student Signature required:**

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

**Health Care Examiner’s Statement**

I have verified that the individual I have examined is the individual on this form and that the above tests/vaccinations were performed in this office/laboratory or I have reviewed any documentation relative to the student’s immunization record.

**Examiner’s Name:** (Please Print)

**Signature of Health Care Examiner:**

**License #**

**Phone:**

| Date: |
### Section 3: Release of Information

In conformance with 20 U.S.C. 123g (Family Education Rights and Privacy Act) and Section 228.093, Florida Statutes, I authorize Broward College and its agents to release and disclose the information contained in this form, including my immunization record, upon request, to a clinical affiliation site.

- [ ] I herein **give** permission to duplicate the requested information and release it to the clinical site.
- [ ] I **do not** give permission to duplicate the requested information and release it to the clinical site.

Student Signature: __________________________ Date: ________________

### Section 4: Verification of Compliance with Technical Performance Standards

The Health Science Education has outlined specific Technical Performance Standards that serve to inform students of skills and/or physical/psychological demands necessary for program completion and workplace responsibilities.

After review of the Technical Performance Standards for my program of study (attached):

- [ ] I have determined that I will be able to perform the standards or essential skills listed.
- [ ] I have determined that I will be able to perform the standards or essential skills listed but will require reasonable accommodation. I have registered with Disability Services and will arrange to meet with the Associate Dean to determine the accommodation necessary.

Student Signature: __________________________ Date: ________________

### Section 5: Permission to Render Medical Treatment

In case of serious illness or accident, I give Broward College or its representative(s) permission to secure medical and/or surgical care to include transportation to a physician or hospital of their choice, examination, medication, and surgery that is considered necessary for my good health. I understand that I am responsible for any cost incurred if not covered by the Health Care Agency Affiliation Contract or by the Health Science accident insurance.

Student Signature: __________________________ Date: ________________

---

*Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.*

Revised 09/21
Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.

### EMT/PARAMEDIC Program
### TECHNICAL/PERFORMANCE STANDARDS

Successful participation and completion of an EMT Technology Program requires that an applicant be able to meet the demands of the program. The EMT student must be able to perform academically in a safe, reliable and efficient manner in the classroom, laboratory and in clinical situations. All Florida EMT Programs are committed to the principle of diversity. In that spirit, admission to this program is open to all qualified applicants and complies with the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act of 1973. Throughout the program curriculum, students acquire the foundation of knowledge, attitude, skills and behaviors that are necessary to function as an EMT. Those attitudes, behavior, and skills that an EMT must possess to practice safely are reflected in the standards that follow.

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>GENERAL PERFORMANCE STATEMENT</th>
<th>ESSENTIAL FUNCTION</th>
</tr>
</thead>
</table>
| Motor Skills   | Demonstrate a high degree of manual dexterity and the ability to execute motor movements reasonably required to provide general treatment and emergency care to patients/clients; must be able to lift large weights (50 lbs) without assistance; the ability to maneuver with mobility in small spaces, as well as be sedentary for several hours at a time. | Be independent in mobility to move quickly in and around the classroom, laboratory, and the clinical setting.  
- Provide for patient safety and well being at all times.  
- Quickly move from different positions, as required, to administer emergency care procedures.  
- Perform CPR  
- Be able to maintain balance in an emergency vehicle while it is moving to provide emergency care.  
- Be able to enter and exit emergency vehicles without assistance. |
| Visual         | Demonstrate visual acuity and perception sufficient for observation and assessment.          | Observe lecture, and laboratory demonstrations.  
- Receive information via visual observation, assessment, and evaluation of body tissues with regard to normal and abnormal conditions.  
- Demonstrate normal color vision sufficient to recognize one body fluid from another.  
- Observe and assess the patient’s response to anesthesia. |
| Tactile        | Demonstrate tactile abilities and sufficient sensitivity with all digits of both hands to complete pertinent assessment information and provide treatment, as needed. | Tactically detect defects in skin temperature, moisture and texture.  
- Use direct palpation to detect a patient’s pulse or soft tissue damage |
| Hearing        | Demonstrate functional use of hearing to acquire and mentally process information that is heard and to better monitor and assess patient. | Hear and obtain appropriate course information from faculty and peers and to process this information for use in laboratory settings and on examinations.  
- Listen actively.  
- Acquire accurate medical history and data collection verbally from patient.  
- Demonstrate the ability to audibly ascertain if a patient is experiencing a medical emergency.  
- Demonstrate ability to auscultate a blood pressure and distinguish between patient BP and outside noise in an ambulance. |
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
</tr>
</thead>
</table>

| Communication | Participate, via in-class and group discussions, in the delivery and receiving of information and in responding to questions from a variety of sources.  
- Display knowledge of basic written grammar and spelling skills.  
- Report accurately and legibly on the operative record.  
- Recognize and respect the physical and psychological needs of others. |
|--------------|-----------------------------------|
| Interpersonal | Develop a concern for others, such as classmates, faculty and patients.  
- Cooperate with others and be able to work as a team member.  
- Acquire the ability to maintain poise and flexibility in stressful or changing conditions.  
- Establish rapport and working relationships with colleagues and patient/clients.  
- Recognize and respond appropriately to individuals of all ages, genders, races, sexual preferences, socio-economic, religious and cultural backgrounds. |
| Critical Thinking | Apply critical thinking processes to solve work related problems in the classroom and in various clinical settings.  
- Exercise sound, ethical judgment in class, laboratory and clinicsituations.  
- Be able to self-evaluate and strive to improve technical skills.  
- Identify problems, take action and be responsible for that decision. |
| Organizational Skills | Organize required classroom assignments, laboratory work, and extra-curricular activities each semester into a realistic workable schedule that will facilitate student learning and success.  
- Prioritize and complete tasks in the clinical patient/client care setting within a specified amount of time. |
| Intellectual Abilities | Comprehend and assimilate verbal and written program / course materials.  
- Perform simple and repetitive tasks.  
- Learn to reconcile conflicting information.  
- Use proper punctuation, grammar, spelling in written work that is neat and legible.  
- Follow verbal and written Instructions. |
| Commitment to Learning | Display initiative, motivation, and a willingness to learn.  
- Complete assignments in a timely manner.  
- Complete all work without evidence of academic dishonesty.  
- Attend all class, laboratory and clinicals, as assigned.  
- Be consistently punctual to all classes, laboratories and clinical assignments. |
| Affective Learning Skills (Behavioral & Social attitudes) | Display an ability to sustain the mental and emotional rigors of a demanding educational program, which includes an academic, laboratory, and clinical component, that occurs within set time constraints.  
- Show a willingness to accept challenges;  
- Be open to feedback.  
- Follow guidelines and rules for the College and program. |

Information detailed on the Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.