

**BROWARD COLLEGE EMT/PARAMEDIC PROGRAMS
ADMISSION MEDICAL HISTORY & PHYSICAL EXAMINATION**

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.

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

Last Name	First Name	Student ID	
Address	City	State	Zip
Home Phone	Work Phone	Cell	
Emergency Contact Name	Relationship	Contact at:	
BC Email Address			

Review of Systems / Medical History — please check all that apply			
Abnormal Bleeding	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Intestinal / Stomach	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Low Back Condition / Scoliosis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Mental Disorder	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Neck Condition	<input type="checkbox"/>
Chronic Cough	<input type="checkbox"/>	Neurological Disorder	<input type="checkbox"/>
Concussion / Head Injury	<input type="checkbox"/>	Orthopedic Disorder	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Prior Surgery	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Ear Problem / Hard of Hearing	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Sickle Cell Trait	<input type="checkbox"/>
Eye Problem / Vision Loss	<input type="checkbox"/>	Sinus Problems	<input type="checkbox"/>
Fracture of	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>
Gallbladder Disease	<input type="checkbox"/>	Splenectomy	<input type="checkbox"/>
Headaches / Migraines	<input type="checkbox"/>	Sprain of	<input type="checkbox"/>
Heart Murmur or Arrhythmia	<input type="checkbox"/>	Syncope / Fainting	<input type="checkbox"/>
Heart Problem (other)	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>

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

Last Name	First Name	Date
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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.

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Cardiovascular			
Endocrine/Metabolic			
Eyes/Ears/Nose /Throat			
Gastrointestinal			
Genitourinary			
Integumentary			
Musculoskeletal			
Neurological			
Respiratory			

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? **YES** **NO**
 If yes, please list:

Is the student restricted from participating in unlimited physical activities in the clinical area? **YES** **NO**
 If yes, please specify limitation:

Does the student require any follow-up health supervision? **YES** **NO**
 If yes, please specify:

Within the last 5 years, has the student been treated for substance related (drug/alcohol) disorder? **YES** **NO**
 If yes, please specify:

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Last Name	First Name	Date
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Mantoux PPD – Tuberculin Test and/or CXR required annually – within past 12 months		
PPD Test Date	Attach supporting documentation	
Date & Time Administered	Administered by	
Manufacture of PPD	Expiration Date	Lot Number
Date Read	Read By	
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		
Chest X-ray Date	Attach Results of Chest X-ray	Examiner's Initials
Tdap (Tetanus, Diphtheria, Pertussis) – within 10 years		
Date Vaccination Provided	Attach supporting documentation	Examiner's Initials
COVID-19 VACCINE		
Vaccination #1	Date:	
Vaccination #2	Date:	
Flu Vaccine - seasonally between September 15 & March 31		
Date of Vaccine	Attach supporting documentation	
Lot Number	Examiner's Initials	
MMR - Rubeola(Measles), Mumps(Parotitis), Rubella(German Measles)		
Date Titer Completed	Attach supporting documentation	Examiner's Initials and date
#1 Date Booster completed for Negative Titer		Examiner's Initials and date
#2 Date Booster completed for Negative Titer		Examiner's Initials and date
Varicella – Chickenpox		
Date Titer Completed	Attach supporting documentation	Examiner's Initials and date
#1 Date Booster completed for Negative Titer		Examiner's Initials and date
#2 Date Booster completed for Negative Titer		Examiner's Initials and date
Hepatitis B Titer		
Date Titer completed	Results	Examiner's Initials
Hepatitis Series		
#1 Date Booster completed		Examiner's Initials and date
#2 Date Booster completed		Examiner's Initials and date
#3 Date Booster completed		Examiner's Initials and date
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:		Date:
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: _____

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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: _____

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**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.

STANDARD	GENERAL PERFORMANCE STATEMENT With or without reasonable accommodations	ESSENTIAL FUNCTION It is required that the student:
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 <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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.	Tacitly detect defects in skin temperature, moisture and texture. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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.

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Communication	Demonstrate the ability to communicate clearly with patients/clients, physicians, other health professionals, faculty, significant others, community or professional groups and colleagues. Communication includes: verbal and nonverbal expression, reading, writing, computation, and computer skills.	Participate, via in-class and group discussions, in the delivery and receiving of information and in responding to questions from a variety of sources. <ul style="list-style-type: none"> • 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	Demonstrate the ability to relate to others verbally beyond giving and receiving instruction, and to cooperate with people from a variety of social, emotional, intellectual and cultural backgrounds.	Develop a concern for others, such as classmates, faculty and patients members in the clinical settings. <ul style="list-style-type: none"> • 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	Demonstrate critical thinking ability sufficient for clinical judgment and problem solving, to maintain competent judgment under stressful conditions, and to apply quick reaction time in an emergency situation.	Apply critical thinking processes to solve work related problems in the classroom and in various clinical settings. <ul style="list-style-type: none"> • Exercise sound, ethical judgment in class, laboratory and clinic situations. • Be able to self-evaluate and strive to improve technical skills. • Identify problems, take action and be responsible for that decision.
Organizational Skills	Demonstrate the ability to handle multi-tasks simultaneously and to operate in a logical, sequential, and orderly manner.	Organize required classroom assignments, laboratory work, and extra-curricular activities each semester into a realistic workable schedule that will facilitate student learning and success. <ul style="list-style-type: none"> • Prioritize and complete tasks in the clinical patient/client care setting within a specified amount of time.
Intellectual Abilities	Demonstrate the ability to read, write, speak and understand English at a level consistent with successful course completion and with development of positive patient-student relationships.	Comprehend and assimilate verbal and written program / course materials. <ul style="list-style-type: none"> • 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	Demonstrate a positive attitude toward decision-making policies and program operating rules and procedures.	Display initiative, motivation, and a willingness to learn. <ul style="list-style-type: none"> • 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)	Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the mental, emotional, physical, and behavioral safety of colleagues and other individuals with whom one interacts in the academic, laboratory, and clinical setting	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. <ul style="list-style-type: none"> • Show a willingness to accept challenges; • Be open to feedback. • Follow guidelines and rules for the College and program.