

DOCUMENTATION WILL BE UPLOADED TO CASTLEBRANCH ONLINE MEDICAL RECORDS ACCOUNT

Immunizations and Certifications required by Clinical Sites for **Emergency Medical Technician** Program:

HEPATITIS B	Documentation of 3 doses, or Positive, Quantitative Hep B Surface Antibody Titer (copy of titer lab report preferred), or Hep B Declination Form (Use form provided)
MMR - Measles, Mumps, Rubella	Documentation of two doses of MMR, or Positive, Quantitative IgG MMR Titers (copy of titer lab reports preferred). History of the disease is not acceptable
VARICELLA – Chicken Pox	Documentation of two doses or Positive, Quantitative IgG Varicella Titer (copy of titer lab report preferred). History of the disease is not acceptable
TDAP – Pertussis	One <i>adult</i> dose of Tdap (includes pertussis) Must be dated within 10 years of the first day of semester (Adacel or Boostrix brand)
INFLUENZA – seasonal flu injection (not nasal mist)	Required annually NOT REQUIRED FOR SUMMER COURSE
<u>TUBERCULOSIS SCREENING</u>	Use form provided <u>2-Step Tuberculosis Skin Testing <i>or</i> 2 annual negative TSTs (most recent skin test must be dated within 12 months of the first day of semester):</u> <u><i>or</i> ONE (1) negative IGRA, TB Gold, or T-Spot blood test report; <i>or</i>, if positive TST history then (a) document showing positive skin test + (b) negative chest x-ray report + (c) TB Screening Form</u> <u>**Skin Tests must include millimeter reading even if "0" **</u>
HEALTH INSURANCE COVERAGE	Copy of Health Insurance card – must have student's name on card or proof as dependent
WAKE TECH PHYSICAL EXAM FORM	Use form provided
EMT PROGRAM TECHNICAL STANDARDS	This document is located in your CastleBranch account. You will print it out, sign and date it, and re-upload it to your account

ALL DOCUMENTATION MUST HAVE HEALTHCARE PROVIDER OR MEDICAL FACILITY NAME AND FULL ADDRESS ON EACH PAGE

Wake Technical
Community College

Perry Health Sciences Campus
2901 Holston Lane
Raleigh, NC 27610

First & Last Name (Printed):

Wake Tech Student ID#:
(leave blank if you do not know it)

Program of Study:

EMT Initial

PPD #1

Name & Address of Facility where

PPD was PLACED (may be stamped): _____

Date PPD Placed: _____

Legible Signature/Stamp & Credentials

of Healthcare Provider/Facility Administering PPD: _____

Name & Address of Facility where

PPD was READ (may be stamped): _____

Date PPD Read: _____

Results of PPD in Millimeters (mm) REQUIRED: _____ (even if "0")

Legible Signature/Stamp & Credentials of Healthcare

Provider/Facility Reading PPD (may be stamped): _____

***If you are required to receive two PPDs, then your second PPD
should be given 1 – 3 weeks after your first PPD.***

PPD #2

Name & Address of Facility where

PPD was PLACED (may be stamped): _____

Date PPD Placed: _____

Legible Signature/Stamp & Credentials

of Healthcare Provider/Facility Administering PPD: _____

Name & Address of Facility where

PPD was READ (may be stamped): _____

Date PPD Read: _____

Results of PPD in Millimeters (mm) REQUIRED: _____ (even if "0")

Legible Signature/Stamp & Credentials of Healthcare

Provider/Facility Reading PPD (may be stamped): _____

**Student, if your PPD reading is POSITIVE or if you have previously received a BCG vaccine, you are
REQUIRED to submit documentation of chest x-ray results, treatment if applicable, and TB screening.**

WAKE TECHNICAL COMMUNITY COLLEGE - PHYSICAL EXAMINATION (Please print in black or blue ink). To be completed and ***signed*** by a physician, physician's assistant or nurse practitioner. All sections required.

This section to be completed by the student.

Last Name		First Name		Middle Name		Wake Tech Student ID#	
Date of Birth (mo/day/year)		Major		Area Code/Phone Number			

This section to be Completed by Healthcare Provider:

				/	
Height		Weight		BP	

Vision Screening				Hearing Screening			
				Gross/Overall Hearing:			
Corrected:	Right 20/		Left 20/		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (please explain)	
Uncorrected:	Right 20/		Left 20/				
				15 ft. Whisper Test:			
Color Vision: <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (please explain)				<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (please explain)	

	Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1.	Head, Ears, Nose, Throat			
2.	Eyes			
3.	Respiratory			
4.	Cardiovascular			
5.	Gastrointestinal			
6.	Hernia			
7.	Genitourinary			
8.	Musculoskeletal			
9.	Metabolic/Endocrine			
10.	Neuropsychiatric			
11.	Skin			
12.	Mammary			

A.	Is there loss or seriously impaired function of any paired organs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain		
B.	Is student under treatment for any medical or emotional condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain		
C.	Recommendation for physical activity (in a healthcare clinical setting)	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited
	Explain		
D.	Is student physically and emotionally healthy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain		
E.	Based on my assessment of this student's physical and emotional health, he/she appears able to participate in the <u>activities of a health profession in a clinical setting</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
	Explain		

CERTIFICATION REQUIRED		
Signature & Credentials of Physician/Physician Assistant/Nurse Practitioner		Date
Print Name & Credentials of Physician/Physician Assistant/Nurse Practitioner		Area Code/Phone Number
Name of Practice/Agency		
Office Address	City/State	Zip Code

I am submitting this completed Medical form and attest that it is true and complete to the best of my knowledge. I understand that if anything on this form changes while I am a student in the health program, I must notify the program director in writing within five (5) business days of the change.

Student Signature

Student Name (Print)

Date

TECHNICAL STANDARDS

Emergency Medical Science A45340

TO THE APPLICANT: According to the nature of the work required in Emergency Medical Services, and the educational requirements of the Emergency Medical Technical Initial course, the following job overview and technical standards have been defined for Emergency Medical Science applicants. These technical standards are based upon the functional job analysis of an EMT, developed by the North Carolina Office of EMS. You are advised to read the information carefully and seek clarification if necessary.

JOB OVERVIEW:

Emergency Medical Technicians (EMTs) work as part of a team. Thorough knowledge of theoretical procedures and the ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgment, tolerance for high stress, and a pleasant personality are also essential characteristics of the successful EMT at any level.

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250 pounds with assistance). Motor coordination is necessary to carry out patient assessment and treatment procedures.

Safely driving the ambulance, accurately discerning street names through map reading, and correctly distinguishing house numbers or business locations are essential to expedient task completion. The ability to present to a physician an accurate and concise verbal report of a patient's condition is critical. EMTs must also be able to summarize all data in the form of a written report.

TECHNICAL STANDARDS:

- 1. Reasoning development:** The student must be able to apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. The student must be able to interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form.
- 2. Mathematical development:** The student must be able to compute ratio and proportion, percentage, volumes, weights, and measures.
- 3. Language development:** The student must be able to read journals, manuals, and dictionaries. The student must be able to prepare summaries and reports using a prescribed format and conforming to rules of punctuation, grammar, and diction.
- 4. Verbal aptitude:** The student must be able to question patients to obtain a medical history and personal data, and to determine if the patient is allergic to any medications or has any complicating illness.
- 5. Spatial aptitude:** The student must be able to visualize anatomy and the relationship between the point of injury and area(s) affected. The student must be able to place treatment devices or administer manual treatment in relationship to the affected body part.
- 6. Form perception:** The student must be able to perceive pertinent details of size, shape, and form of skeletal structure, organs, and tissue.
- 7. Clerical perception:** The student must be able to note pertinent detail in written instructions, especially in amounts and strengths of medications to administer. The student must accurately perceive numbers when reading instruments, preparing medications and filling syringes for injections. The student must be able to accurately record data (such as temperature, respirations, pulse rate, blood pressure, and medications administered) on patient reports. The student must be able to prepare and compile records to maintain an inventory of medications and supplies.
- 8. Motor coordination:** The student must be able to coordinate vision with finger and hand movements to give injections and medications, to position and apply dressings, to measure medications, and to operate patient care equipment.
- 9. Finger dexterity:** The student must be able to wrap bandages, apply splints, use syringes, and operate patient care equipment.
- 10. Manual dexterity:** The student must be able to render care to a patient during emergency situations.
- 11. Eye-Hand-Foot coordination:** The student must be able to operate an ambulance and balance, lift, position, and transport a patient.
- 12. Color discrimination:** The student must be able to use color discrimination and color memory to assess a patient's condition by recognizing any deviations in color of affected tissue. The student must be able to evaluate color characteristics such as hue and saturation of affected body parts.

TEMPERAMENTS:

Students seeking successful completion of the Emergency Medical Science program and employment in Emergency Medical Services should exhibit adaptability to the following situations:

1. Making generalizations, evaluations, or decisions based on sensory or judgmental criteria.
2. Making generalizations, evaluations, or decisions based on measurable or verifiable criteria.
3. Dealing with people beyond giving and receiving instructions.
4. Performing under stress when confronted with emergency, critical, unusual, or dangerous situations; or in situations where working speed and sustained attention are essential aspects of the job.
5. Functioning in situations that require the precise attainment of set limits, tolerances, or standards.
6. Performing a variety of duties, often changing from one task to another of a different nature, without the loss of efficiency or composure.

OVERALL PHYSICAL DEMANDS:

In the clinical setting, students must be able to climb and balance; stoop, kneel, crouch, and crawl; reach, handle, and feel; and talk, hear, and see. Students spend little time sitting, and are required to lift and carry sick or injured persons. Students must be able to feel, hear, and see to accurately assess a patient's condition and efficiently render care.

CLINICAL ENVIRONMENT:

The student must be able to function in a clinical and classroom setting that may be both indoors and outdoors, and that may expose them to extreme heat and cold, humidity or water, noise and vibration, and other hazards.

DECLARATION:

I have read and understand the technical standards required for Emergency Medical Science. I hereby declare that I am able to meet those standards.

Name of applicant (printed)

Signature of Applicant

Date

Name of Witness (printed)

Signature of Witness

Date