



**COLLEGE OF THE MAINLAND  
EMERGENCY MEDICAL  
SERVICES PROGRAM  
INFORMATION**



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## COLLEGE OF THE MAINLAND EMS PROGRAM OVERVIEW

College of the Mainland (COM) offers courses for students looking to be certified as an **EMT-Basic, Advanced EMT, and Paramedic**. COM's EMS program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) based upon recommendation from the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).

### **Notice to Students Regarding Licensing:**

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<https://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm>

Should you wish to request a review of the impact of criminal history on your potential EMT Certification prior to or during your quest for a degree, you can visit this link and request an EMS Criminal History Prescreening:

<http://www.dshs.state.tx.us/emstraumasystems/qicriminal.shtm?terms=criminal%20background>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.



## Emergency Medical Technician Functional Job Description

### Qualifications:

An individual must complete a Texas Department of State Health Services-approved course and achieve competency in each of the psychomotor skills to qualify for EMS certification or licensure. In addition, the individual must achieve a passing score on the National Registry of EMT's examination.

EMT personnel must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. EMT personnel must have the:

- ability to communicate verbally via telephone and radio equipment.
- ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);
- ability to interpret written, oral, and diagnostic form instructions.
- ability to use good judgment and remain calm in high-stress situations;
- ability to work effectively in an environment with loud noises and flashing lights.
- ability to function efficiently throughout an entire work shift.
- ability to calculate weight and volume ratios and read small print under life-threatening time constraints.
- ability to read and understand English language manuals and road maps.
- ability to accurately discern street signs and address numbers.
- ability to interview patients, family members, and bystanders.
- ability to document, in writing, all relevant information in a prescribed format considering legal ramifications of such; and
- ability to converse in English with co-workers and hospital staff as to the status of the patient

EMS personnel should possess good manual dexterity, with the ability to perform all tasks related to the highest quality of patient care. Having the ability to bend, stoop, and crawl on uneven terrain and to withstand varied environmental conditions such as extreme heat, cold and moisture is vital. The ability to work in low light, confined spaces, and other dangerous environments is required.

### Description of Tasks:

- Receives calls from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observe traffic ordinances and regulations.



- Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes the determination regarding patient status, establishes priority for emergency care, renders appropriate emergency Functional Position Description Emergency Medical Services Education Program care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- May use equipment (based on competency level) such as, but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patients.
- Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care.
- Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.
- Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene.
- Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- Observe patient en route and administer care as directed by the physician or emergency department or according to the published protocol.
- Identifies diagnostic signs that require communication with the facility.
- Moves the patient into the emergency facility from the ambulance.
- Reports verbally and in writing concerning observations about the patient, patient care at the scene, and patient care en-route to the facility and aids emergency department staff as required.
- Maintains familiarity with all specialized equipment.
- Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gasoline, and water in battery and radiator and tire pressure.



## Steps to Successful Admission into the Emergency Medical Services Program

### Apply to College of the Mainland

<https://www.com.edu/admissions/apply/>

Submit the necessary *documents* (*transcripts, [meningitis vaccination](#) if under 22 and proof of Texas residency*). About a week after your application is processed and approved, you will be issued a COM ID# and student [email](#) account.

- **Fill out the FASFA**

<https://www.com.edu/financial-aid/what-is-fafsa.html>

- **Contact Veterans Center (If Applicable)**

<https://www.com.edu/veterans/index.html>

Many Veterans enter Emergency Medical Services and other Public Service Careers. The College of the Mainland Emergency Medical Services Program recognizes and supports the unique skills Veterans bring to the Program and the unique challenges they may face.

Upon acceptance into the College of the Mainland, if you are an honorably discharged military veteran, contact the College of the Mainland Veterans Center.

Veteran Center Front Desk

Ph. 409-933-8455

Fax: 409-933-8223

[comvets@com.edu](mailto:comvets@com.edu)

- **Fill Out Scholarships – EMS Scholarships are available**

<https://www.com.edu/paying-for-college/scholarships.html>

### Speak with Public Service Careers

- Complete and return the EMS Program Application Packet
- Contact Public Service Careers in person, over the phone, or through email so one of the Administrative Assistants can explain the packet and process for admission into the Emergency Medical Technician Program.

Michele Brown

Ph. 409-933-8285

[mlbrown@com.edu](mailto:mlbrown@com.edu)

Nichole Montrose

Ph. 409-933-8233

[nmontrose@com.edu](mailto:nmontrose@com.edu)

- You may also contact the EMS Program Director/Coordinator  
Sarrissa Ryan  
Ph. 409-933-8256  
[sryan4@com.edu](mailto:sryan4@com.edu)



## Schedule an appointment with the Public Service Careers Advisor

Gregory Benefield -- ph. 409-933-8641 -- [gbenefield1@com.edu](mailto:gbenefield1@com.edu)

- New applicants may directly make an appointment with the Advisor  
*Transfer students will need to have their transcripts and admissions documentation before meeting with the advisor.*

## ○ Complete The Background Check

**Before being admitted into the program** you will need to **complete a background check through SurScan** and submit it **no more than 30 days before the start of class and no less than one week before the start of the term you are applying for** to be enrolled into the program.

- **BEFORE you begin** the background, watch the SurPath Information video:  
<https://share.synthesia.io/de030f6c-4bb1-4dae-9f97-7a8e51bfd7cb>
- Go to <https://com.surpath.com/> to begin
- By completing the background check you authorize the COM EMS Program authority to access the records and results.
- The background check covers:
  - ❖ County Criminal History
  - ❖ Nationwide Healthcare Fraud and Abuse Scan
  - ❖ Nationwide Record Indicator with SOI
  - ❖ Social Security Alert
  - ❖ Residency History
  - ❖ A search for your current county of residence. If any additional counties are found associated with your name, they will be performed at no additional charge.
  - ❖ Record search under your current name and any additional names you may have used, if applicable.
- Applicants who have incidents on their background, excluding traffic tickets, should contact the EMS Program Director to discuss any background issues.
- All criminal background information will be kept in confidential electronic files by the investigating agency and archived for seven years. The EMS Program Director and Clinical Coordinator may have access to these files at any time
- A student enrolling in the EMS Program must complete a background check as part of the application process for each new certification level.



- Once your background check has cleared, an Administrative Assistant for Public Service Careers will reach out to confirm which courses you will enroll in. A registration form will be sent to your new College of the Mainland email address. This form must be thoroughly looked over for errors in class scheduling and personal identifying information. If the form is correct, the student must approve it by electronically signing. Once submitted it will be sent to the Admissions department for entry into the system.
  - ❖ **Any delay in performing the steps above may prevent you from enrolling in your courses.**
  
- **Gather Pre-Clinical Requirements listed in this Packet**
  - All Pre-Clinical Requirements must be gathered before the beginning of classes except for the Drug Screen. (*You must wait until class begins and are instructed to do so*).
  - AEMT/Paramedic applicants must also present a current NREMT/DSHS EMT Basic certification or eligibility.
  
- **Attend Mandatory Orientations**
  - EMS students must attend a mandatory Program Information Session and Clinical Orientation on the prescribed date and time.
    - The **Program Information Session** will be held **at 9:00 a.m. the Saturday, two weeks before the start of classes.**
    - **Clinical Orientation** will be held **at 9:00 a.m. the first Saturday after the start of classes.**
  
- **Classes Begin**





**Notice Regarding Texas Administrative Code  
TITLE 25 HEALTH SERVICES  
PART 1 DEPARTMENT OF STATE HEALTH SERVICES  
CHAPTER 157 EMERGENCY MEDICAL CARE  
SUBCHAPTER C EMERGENCY MEDICAL SERVICES TRAINING AND  
COURSE APPROVAL RULE §157.33 Certification**

To qualify for certification EMS students must meet the following:

- (a) Certification requirements. A candidate for emergency medical services (EMS) certification shall:
- (1) be at least 18 years of age;
  - (2) have a high school diploma or GED certificate:

(A) the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable;

**Please read the regulation here:**

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=157&rl=33](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=157&rl=33)

Students will be required to provide proof of a high school diploma or GED/HSE. These documents will be provided during the document dossier process. Any student who cannot provide this documentation will not be allowed to test for certification.



## Program Cost Breakdown

The following is a breakdown of costs for the EMT-Basic program. Tuition and fees are based on COM's credit [tuition and fees schedule](#). This is an approximation and may not reflect your final costs and should not be viewed as a price guarantee. AEMT and Paramedic will have different costs.

EMT-Basic (EMSP-1501 & EMSP-1260) Estimation Only	In District	Out of District
Tuition (7 credit hrs.)	\$539	\$805
Program Fees		
<ul style="list-style-type: none"> <li>• Malpractice Ins</li> </ul>	\$16	\$16
<ul style="list-style-type: none"> <li>• Lab</li> </ul>	\$75	\$75
<ul style="list-style-type: none"> <li>• Supplies - uniform (est.)</li> </ul>	\$180	\$180
<b>Total (est.)</b>	<b>\$810</b>	<b>\$1076</b>

### Additional EMT-Basic Program Fees:

Uniform Boots	\$100.00 (approx.)
Stethoscope ( <i>optional</i> )	\$25.00 (approx.)
Physical	\$50.00 (approx.)
Background Check by SurScan	\$44.00 (approx.)
Drug Screen by SurScan	\$45.00 (approx.)
Purchased Books & Online Platform	\$100.00 (approx.)
EMCE	\$30.00 (approx.)
My Clinical Exchange	\$25.00 (approx.)
Student Health Insurance	Costs will vary by provider
BLS CPR Certification	\$93.00 (approx.)

AEMT (EMSP-1338; EMSP-1356; EMSP-1355; EMSP-1149; EMSP-2168) Estimation Only	In District	Out of District
Tuition (11 credit hrs.)	\$847	\$1265
Program Fees		
<ul style="list-style-type: none"> <li>• Malpractice Ins</li> </ul>	\$16	\$16
<ul style="list-style-type: none"> <li>• Lab</li> </ul>	\$75	\$75
<ul style="list-style-type: none"> <li>• Supplies - uniform (est.)</li> </ul>	\$180	\$180
<b>Total (est.)</b>	<b>\$1118</b>	<b>\$1536</b>

Paramedic Semester One Estimation Only	In District	Out of District
Tuition (15 credit hrs.)	\$1155	\$1725
Program Fees		
<ul style="list-style-type: none"> <li>• Malpractice Ins</li> </ul>	\$16	\$16
<ul style="list-style-type: none"> <li>• Lab</li> </ul>	\$75	\$75
<ul style="list-style-type: none"> <li>• Supplies - uniform (est.)</li> </ul>	\$180	\$180
<b>Total (est.)</b>	<b>\$1426</b>	<b>\$1996</b>



Paramedic Semester Two Estimation Only	In District	Out of District
Tuition (15 credit hrs.)	\$1155	\$1725
Program Fees		
• Malpractice Ins	\$16	\$16
• Lab	\$75	\$75
<b>Total (est.)</b>	<b>\$1246</b>	<b>\$1816</b>

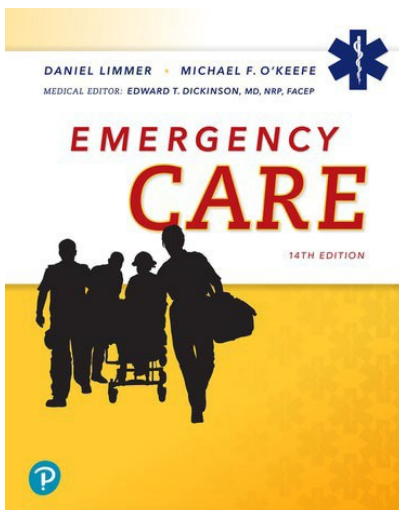
Paramedic Semester Three Estimation Only	In District	Out of District
Tuition (16 credit hrs.)	\$1232	\$1840
Program Fees		
• Malpractice Ins	\$16	\$16
• Lab	\$75	\$75
<b>Total (est.)</b>	<b>\$1323</b>	<b>\$1931</b>

**Additional AEMT/Paramedic Program Fees:**

Uniform Boots	\$100.00 (approx.)
Stethoscope ( <i>optional</i> )	\$25.00 (approx.)
Physical	\$50.00 (approx.)
Background Check by SurScan	\$44.00 (approx.)
Drug Screen by SurScan	\$45.00 (approx.)
Purchased Books & Online Platform	\$300.00 (approx.)
EMCE	\$120.00 (approx.)
My Clinical Exchange	\$25.00 (approx.)
Student Health Insurance	Costs will vary by provider
AHA BLS CPR Certification	\$93.00 (approx.)

## Required Textbooks

### EMT-Basic

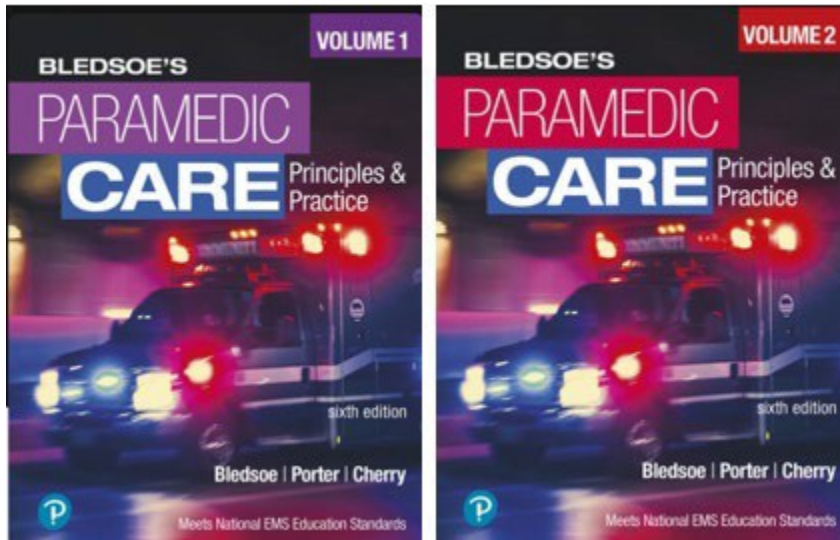


**EMERGENCY CARE; 14<sup>th</sup> edition**  
**MyLab BRADY With Pearson eText Access Card**  
**Author:** Daniel Limmer & Michael F. O'Keefe  
**Medical Editor:** Edward T. Dickinson, MD, NRP, FACEP  
**ISBN:** 9780135479148  
**Publisher:** Pearson

**Optional:** Print textbook may be purchased



## AEMT/Paramedic



**Paramedic Care: Principles & Practice**

**Volume 1 & 2 combo card**

**MyLab BRADY and Loose-Leaf upgrade**

**Author:** Bledsoe/Porter/Cherry

**Edition:** 6<sup>th</sup> edition

**Publisher:** Pearson

**ISBN:** 9780137664436\*

\*Recommended format

\*Alternate Format Options available from the publisher:

**MyLab BRADY with Pearson eText Access Card**

**ISBN:** 9780136895039 (no textbook)

**Paramedic Care: Principles & Practice Volume 1 & 2 [Channel] + MyLab BRADY with Pearson eText Access Card**

**ISBN:** 9780138210243

## Textbook Purchasing

A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.

## Textbook Price Matching

The College of the Mainland Bookstore may be able to match the price of other retailers. Please contact them and see the following link.

[http://www.combookstore.com/StoreFiles/95-SchoolFiles/95-Price\\_Match.pdf](http://www.combookstore.com/StoreFiles/95-SchoolFiles/95-Price_Match.pdf)

Please be cautious about ordering textbook packages from Amazon as they may not be correct. For any questions regarding this, please contact the EMS Program Director.



## CLINICAL REQUIREMENTS

Emergency Medical Services Program classes require a clinical component to be able to test for certification. This is a separate class that will help you to learn the professional practices and processes of the profession. You will be working in hospital and ambulance service settings to learn and practice EMS skills.

Clinicals are taken concurrently with the academic courses. However, if your grades in the academic coursework do not meet the program requirements you will be required to repeat both courses together in a separate semester. You must pass both courses to successfully complete the program and be eligible for certification.

Because there is limited time to complete clinical requirements, it is important to begin gathering your medical information as it will need to be collected by the end of the first week of class and all documentation requirements will be turned in at clinical orientation.

Our clinical partners set standards on what information is needed to be able to enter and work within their facilities.

### What you need to have when classes begin:

- **COM Student ID Card** – can be obtained by visiting the Welcome Center in the Doyle Family Administration Building (bldg. #2).
- **Background Check completed through SurScan**
- **Completed Physical Exam** – the form found in this packet.
- **BLS CPR Certification** – expiration **MUST** be after the end of the semester in which you are attending EMS classes.
- **Health Insurance** – front & back of insurance card with student's name present; if student's name is not present, a Letter of Coverage Verification must also be submitted.
- **AEMT/Paramedic Students** – **MUST** provide current NREMT/DSHS EMT Basic certification before the census date (see COM academic calendar for exact dates)
- **Tuberculosis (TB) Test** – PPD within the last 12 months (proof of a negative TB skin test or negative chest x-ray report); cannot expire until after the end of the semester in which you are attending EMS classes.
- **Flu vaccine** – some sites require evidence of the inoculation in the current year.
- **PROOF of immunizations:**
  - **Measles, Mumps, Rubella (MMR)** – 2 inoculations or antibody titer
  - **Varicella (Chicken Pox)** – 2 inoculations; history of disease or titer
  - **Tetanus, Diphtheria, Pertussis (Tdap)** – inoculation within the last 10 years
  - **Hepatitis B** – 3 inoculations or antibody titer; you must start the series of three inoculations for clinical eligibility.
  - **COVID-19 Vaccine(s)** – no longer required by clinical partners but provide documentation if applicable.
- **Drug Screening**
- **MyClinical Exchange** – You will need to set up an account.



## Personal Health Insurance Providers

College of the Mainland does not participate in a specific college-sponsored health insurance plan. Health insurance is available for purchase through private companies. Students should carefully study the terms of any policy before buying any coverage.

[www.ejsmith.com](http://www.ejsmith.com) – student health plan

<https://www.uhcsr.com/> – student health plan

[www.insuranceforcollegestudents.com](http://www.insuranceforcollegestudents.com) - student health plan

[www.healthcare.gov](http://www.healthcare.gov)

## Where Can I Find a BLS CPR Class?

We will offer a CPR class on the day of clinical orientation which is held on the first Saturday of the first week of the semester.

You may also find a class by visiting our Continuing Education website <https://com.augusoft.net/> or by visiting the AHA website <https://atlas.heart.org/>

## Am I required to See a Specific Healthcare Provider?

College of the Mainland does not endorse any specific medical provider or clinic. Students can see any provider of their choice for their immunizations, testing, or physical. Students should refer to their health insurance coverage for a listing of providers or they may choose to seek out a local clinic or pharmacy for their needs.

WellNow Health – 676 FM 517 Rd. W.  
Dickinson, TX 77539  
Ph. 409-572-2535  
<https://wellnowhealth.net/>



## College of the Mainland Emergency Medical Services Drug Screen Information

- After enrollment you will be required to take a drug test. Drug testing will be conducted randomly on campus before the first scheduled clinical rotation and randomly during the semester. All drug screens will be administered by SurScan.
- The student will pay for the drug screening at the time of the testing. Each student seeking admission to the program must complete the required authorization form and submit it to the designated company promptly so that the college receives results before the established deadline.

**Failure to pass the drug screen and/or background check will result in dismissal from the program and may result in loss of tuition.**

- COM encourages impaired students to seek assistance.
- The applicant will be required to provide documentation of successful treatment, after a minimum of one year of ineligibility, before being considered for future admission to the EMS Program.
- All drug screening results will be sent directly to the college's EMS Program.

Positive drug screens will result in dismissal. COM encourages students to seek assistance voluntarily and assume responsibility for their conduct. After a minimum of one year of ineligibility, the applicant will be required to provide documentation of successful treatment before being considered for future admission to the EMS Program.

### How do I set up an account with MyClinical Exchange?

- Registration/Account setup **REQUIREMENTS:**
  - Laptop or Desktop computer (**not** a cellphone or tablet)
  - Personal email address
- Go to <https://www.myclinicalexchange.com/NewRegistration.aspx> to begin.
  - Select "College of the Mainland" under School



## Texas Department of State Health Services (DSHS) Criminal Background Information

Criminal history may prevent a potential applicant from becoming certified or licensed with the Texas Department of State Health Services and/or the National Registry of EMTs. COM's EMS program is not able to, nor is it responsible for, advising a student with criminal history regarding eligibility for certification or licensure. All questions regarding eligibility should be directed to the Texas Department of State Health Services (DSHS) and the National Registry of EMTs. The Texas DSHS will evaluate your criminal history before entry into class.

- To submit a petition for EMS Criminal History Pre-Screening, visit <http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#Instructor> and scroll down to "EMS Criminal History Pre-Screening" complete the accompanying PDF.

### Criminal Background Policy – Clinical Rotations Not Guaranteed

Before starting the program:

- If a student has an infraction on their background or has something pending but it does not show up on the report generated that is presented to the program, the student needs to self-report the infraction.
- Any misdemeanor background.
- Misdemeanor with a PENDING court date
  - You can go to all sites. HOWEVER, if convicted once after a court appearance, the student MUST self-report this to the program. Rotations will not start or be stopped.
- Deferred Adjudication or similar documents stating time was served and dismissed from the court – MUST be brought to the course instructor. If not done, the student will not move to a clinical course.
- Persons currently on deferred adjudication/probation/with active warrants/etc. will – NOT – be allowed to begin the program.
- **Felony on a record will be evaluated - student may not be allowed to register or stay in the program post-evaluation**

Completion of the program does not guarantee certification, licensure, or employment.

The college will communicate with you via your NEW COM email address. About a week after you apply, you should access your new email account. [See instructions here.](#)

Students must take and have a clear initial drug screen. If a student decides to continue to the higher-level certifications, the results are suitable for a year.





### EMT Student Information

Complete and return/email the rest of this packet to the COM EMS Program  
[nmontrose@com.edu](mailto:nmontrose@com.edu) or [mlbrown@com.edu](mailto:mlbrown@com.edu)

Check the program you are applying for Year: 20\_\_\_\_\_

EMT-B  AEMT / Paramedic  Semester: \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall

**Student Contact Information:** (Please print legibly)

Applicant Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Address: (incl. apt. number) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

COM Email Address: \_\_\_\_\_@com.edu

**UNIFORM SIZE:** \_\_\_\_\_ EMT Pant \_\_\_\_\_ Polo Style Shirt \_\_\_\_\_ Belt Size

**Student Affiliations:**

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Full-Time / Part-Time Fire Department/EMS Affiliations: \_\_\_\_\_

Prior Fire/EMS Training: \_\_\_\_\_

**In the event of an emergency, whom shall we contact:**

Primary Contact:	Secondary Contact:
Name: _____	Name: _____
Relation: _____	Relation: _____
Phone: (____) _____ Alt: (____) _____	Phone: (____) _____ Alt: (____) _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____

**Immediate Medical Information:**

Allergies: \_\_\_\_\_

Medical Hx: \_\_\_\_\_

I understand this record contains personal medical information. This form is considered confidential & will be used for student records and in case of emergency while in class or at a clinical facility. A copy of this form may be provided to a medical provider or a College of the Mainland official in case of an emergency.

\_\_\_\_\_  
Student Signature Date



### Fire Academy/EMS Physical Form

College of the Mainland Fire Academy and EMS programs require a physical examination by a licensed physician/health care provider to ensure the student's ability to safely complete the programs.

**STUDENT:** Complete the following before visiting the doctor. **Please PRINT clearly.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Last First Middle  
In case of emergency, please notify:

\_\_\_\_\_  
Last First (Relationship) (Phone number)

Please check if you have had any of the following:

- | Yes                      | No                       |                              | Yes                      | No                       |   |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Lung disease                 | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent cough             | <input type="checkbox"/> | <input type="checkbox"/> | Fear of closed spaces                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble                | <input type="checkbox"/> | <input type="checkbox"/> | Panic attacks/Anxiety                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath          | <input type="checkbox"/> | <input type="checkbox"/> | Vision problems   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumonia                    | <input type="checkbox"/> | <input type="checkbox"/> | Glasses/contacts  |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal chest X-Ray         | <input type="checkbox"/> | <input type="checkbox"/> | Heat exhaustion/ heat stroke                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent cold, flu, bronchitis | <input type="checkbox"/> | <input type="checkbox"/> | Hearing loss  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever smoked?        | <input type="checkbox"/> | <input type="checkbox"/> | Hearing aid   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently smoke?      | <input type="checkbox"/> | <input type="checkbox"/> | Take any medications                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting or seizures         | <input type="checkbox"/> | <input type="checkbox"/> | Joint problems  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological problems        | <input type="checkbox"/> | <input type="checkbox"/> | Heat-related issues                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure          | <input type="checkbox"/> | <input type="checkbox"/> | Any other condition that may impact program performance |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery of any type          |                          |                          |   |

Please explain any "Yes" answers: \_\_\_\_\_

Do you have any Allergies (food, medication, environmental)? Please describe your reaction. Do you carry an EpiPen?

*I hereby attest that the medical information supplied includes all medical conditions that would affect my participation in the EMS or Fire Academy. I authorize the release of current medical information on my medical history or current condition to clinical affiliates. In case of an emergency, I authorize the release of the same information to relevant medical professionals.*

*If false information is given, or if significant medical information is withheld, I understand I will be dismissed from the program.*

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Provider:** Please evaluate the student's ability to meet the following standards:

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Sufficient Eyesight:</b> observe patients, read records, and manipulate equipment. Function in dim light, and drive in hazy conditions. Wear protective eyewear.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Sufficient Hearing:</b> to hear blood pressure and function in high-noise environments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Sufficient speaking, reading, and writing skills:</b> to communicate in English effectively and promptly.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Sufficient gross and fine motor coordination:</b> to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend, and lift under emergency conditions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Satisfactory physical strength and endurance:</b> to move immobile patients, lift/carry/ balance 125 lbs. while walking, stand in place for long periods of time, complete clinical rotation of 12 to 24 hours. Tolerate environmental extremes (heat/cold/wet/poor ventilation/noise/ vibrations). <b>Satisfactory psychological function:</b> ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Can this student medically tolerate various types of respirators?</b> Examples include simple N95 to avoid infectious exposure and various hazmat/firefighting masks. Examples of these include air-purifying respirators, supplied-air respirators, and self-contained breathing apparatus.  |

\*    **\*FIRE ACADEMY candidates only** (mark N/A if student does not plan to attend Fire Academy--now or within the year): perform while wearing protective clothing/gear, approximately 65 lbs., climb stairs with equipment weighing approximately 50 lbs., lift and climb/descend ladders (with victims up to 200 lbs.).

Remarks/Abnormal Findings

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After careful physical examination, it is my opinion that this student has no current or past medical issues which will prevent him/her from **safely completing** indicated program(s). **Please indicate:**

- EMS Program**  
 **Fire Academy** (see special section, above)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

- Physician (MD/DO)  
 Physician Assistant  
 Nurse Practitioner

**STUDENT:** If you will be attending an EMS Program class (now or anytime in the future), all immunizations listed below are required by the clinical sites. If you have your immunization records (childhood, military, etc.) you may supply those, or your medical provider may verify them with the signatures below. This form is meant to assist you and your medical provider in determining which immunizations/tests you will require. When signed by a physician or nurse, it serves as proof of immunizations.

**MEDICAL PROFESSIONAL:** Please use the space below to verify past or present inoculations/history of illness. If you administer inoculations, titers, or other medical tests as indicated, please supply the information here.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Printed Provider Name & Licensure Level: \_\_\_\_\_

REQUIRED For Clinical Rotations  
(EMT-B, EMT-I, and EMT-P)

		Date Administered (or Date of Disease)	If Titer, Results	Initials (Medical Professional)
MMR	Inoculation 1			
	Inoculation 2			
	<b>OR</b> Titer			
Varicella (Chicken Pox)	Inoculation			
	<b>OR</b> History of dz/Titer			
Tdap	Tetanus/ Diphtheria/ Pertussis Booster within 10 years			
Hep B	Inoculation 1			
	Inoculation 2			
	Inoculation 3			
	<b>OR</b> Titer			
Meningitis	Inoculation			
	<b>OR</b> N/A (see college regs)			
TB Test	Skin Test			
	<b>OR</b> Chest X-Ray			
Flu Vaccine	During Flu Season Only			

**STUDENTS: Be sure to keep a copy of this form for your personal records. COM will not provide you with a copy in the future.**



# **END OF PROGRAM PACKET**