



Fire Academy/EMS Physical Form

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

STUDENT: Complete following prior to 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
Lung disease Diabetes
Persistent cough Fear of closed spaces
Heart trouble Panic attacks/Anxiety
Shortness of breath Vision problems
Pneumonia Glasses/contacts
Abnormal chest X-Ray Heat exhaustion/ heat stroke
Recent cold, flu, bronchitis Hearing loss
Have you ever smoked? Hearing aid
Do you currently smoke? Take any medications
Fainting or seizures Joint problems
Neurological problems Heat-related issues
High blood pressure Any other condition which may impact program performance.
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 emergency, I authorize release of 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

                     **Sufficient Eyesight:** observe patients, read records, manipulate equipment. Function in dim light, drive in hazy conditions. Wear protective eyewear.

                     **Sufficient Hearing:** to hear blood pressures and function in high-noise environments.

                     **Sufficient speaking, reading, writing skills:** to communicate in English effectively and promptly.

                     **Sufficient gross and fine motor coordination:** to manipulate equipment, stoop, bend, crawl, reach, twist, balance, grapple, bend and lift under emergency conditions.

                     **Satisfactory physical strength and endurance:** 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).

                     **Satisfactory psychological function:** ensure safety (self, patient, partners), function in confined space, work at height, maintain self-control in emotionally charged situations.

                     **Can this student medically tolerate various types of respirators?** 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*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 EMT-B class (now or any time in the future), all the immunizations listed below are required. If you have your immunization records (childhood, military, etc.) you may supply those, or your medical provider may verify them with 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			
	OR Titer			
Varicella (Chicken Pox)	Inoculation			
	OR History of dz/Titer			
Tdap	Tetanus/ Diphtheria/ Pertussis Booster within 10 years			
Hep B	Inoculation 1			
	Inoculation 2			
	Inoculation 3			
	OR Titer			
Meningitis	Inoculation			
	OR N/A (see college regs)			
TB Test	Skin Test			
	OR Chest X-Ray			
Flu Vaccine	During Flu Season Only			
Hepatitis C	Antibody Titer/ Hep C			

**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.**