



EMS Education
HEALTH RECORD

DIRECTIONS: Have your physician or college health fill out and sign the Health Record. **This must be on file with your immunization records prior to attending any EMS or Hospital clinical experience or ride along.**

Name _____ Birth Date _____
Last First Middle

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings

- _____ Cardiovascular System Remarks _____
- _____ Respiratory Remarks _____
- _____ Gastrointestinal Remarks _____
- _____ Genitourinary-Gynecologic Remarks _____
- _____ Central Nervous System Remarks _____
- _____ Musculo-Skeletal Remarks _____
- _____ EENT (include visual & hearing acuity) Remarks _____
- _____ Scoliosis Remarks _____

List all medications student is taking: _____

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)? _____

The clinical experience for EMT students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical EMT experiences: _____

This is to certify that I have examined this student and find that he/she is able to participate in ANY clinical EMT experiences.

Date of examination _____ Examining Physician/NP/PA _____
Address _____

II. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN COLLEGE HEALTH

Immunizations must be documented by a physician, their office personnel, college health, or a health department representative. Students are not authorized to complete the form

III. TUBERCULIN SKIN TEST/BLOOD TEST REQUIRED ANNUALLY.



**BUTLER COMMUNITY COLLEGE
EMS EDUCATION
HEALTH RECORD**



Student Name: _____ Birth Date: _____

**Required immunizations, Tests, & or Titters (Attach a Photocopy)
(to be completed by the Health Department or Physician, NOT the student)**

- 1. **TDAP** in the last 10 years Date: _____

- 2. **MMR**
(2 shots needed at least 30 days apart)
(Cannot be given during pregnancy) #1 Date: _____
#2 Date: _____

OR Measles, Mumps, and Rubella Titer Date: _____ Results: _____

- 3. **VARICELLA**
(2 shots needed at least 30 days apart) #1 Date: _____
(Cannot be given during pregnancy) #2 Date: _____

OR Varicella Titer Date: _____ Results: _____

- 4. **COVID-19** #1 Date: _____
#2 Date: _____

- 5. **2-STEP TB SKIN TEST**
(Plant dates must be at least 1 week apart)
 - Date planted: _____ Results: _____ mm Date read: _____ Read by: _____
 - Date planted: _____ Results: _____ mm Date read: _____ Read by: _____
OR T-SPOT/QFT Test Date: _____ Results: _____

- 6. **INFLUENZA** (Sept.1-Apr.30) Date: _____

- 7. **HEPATITIS B** #1 Date: _____
#2 Date: _____
#3 Date: _____

OR Signed Hepatitis A & B Waiver

The Hepatitis Vaccine is safe. You are considered to be a higher risk of contracting Hepatitis A & B because you will be working in the Pre-Hospital and Hospital setting. Approximately 15-20% of people who work in these areas are immune. If you are immune, you will of course not need immunized.

I understand the risks and benefits of immunization with the Hepatitis A & B vaccine.

Despite potential benefits, I prefer NOT to be immunized at this time.

Student Signature: _____ Date: _____

DOCUMENTATION

I certify I reviewed this student's vaccination record and transcribed it accurately.

The record presented: Kansas Immunization Record (pink card) Other Immunization record (Specify _____)

Staff Signature _____ Date _____ Name of Agency _____

College Health Fax: (316) 323-6850 Email: collegehealth@butlercc.edu

(Over)