



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

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**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 \_\_\_\_\_  
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 REQUIRED ANNUALLY.**

**(Over)**



**BUTLER COMMUNITY  
COLLEGE  
EMS EDUCATION  
HEALTH RECORDS**



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

**Required immunizations, Tests, & or Titers (Attach a Photocopy)**

1. **TDAP** in last 10 years Date: \_\_\_\_\_

2. **MMR-**  
(2 shots needed at least 30 days apart) #1 Date: \_\_\_\_\_  
(Cannot be given during pregnancy) #2 Date: \_\_\_\_\_  
OR Measles, Mumps, and Rubella Titer Date: \_\_\_\_\_ Results: \_\_\_\_\_

3. **VARICELLA**  
I had chickenpox on \_\_\_\_\_  
(Date of disease) (Physician Signature)

OR Varicella Vaccine #1 Date: \_\_\_\_\_  
#2 Date: \_\_\_\_\_

OR Varicella Titer Date: \_\_\_\_\_ Results: \_\_\_\_\_

4. **TB SKIN TEST**  
2 Step required: Date planted: \_\_\_\_\_ Results: \_\_\_\_\_mm Date read: \_\_\_\_\_  
Date planted: \_\_\_\_\_ Results: \_\_\_\_\_mm Date read: \_\_\_\_\_

5. **Seasonal Flu** (Sept. 1 –April 30)  
(Not needed Summer Semester) Date: \_\_\_\_\_

6. **HEPATITIS A & B (Optional)** Date #1: \_\_\_\_\_  
Date #2: \_\_\_\_\_  
Date #3: \_\_\_\_\_

**HEPATITIS A & B VACCINE 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.

**Circle appropriate response and sign:**

**YES** I understand the risks and benefits of immunization with the Hepatitis A & B vaccine. If I am not immune, I will seek the vaccination.

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

**NO** 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.

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

**Have you ever had Hepatitis?**

If yes, what type?

**Other Comments:**