



UNIVERSITY of MISSOURI HEALTH SYSTEM
EMS EDUCATION INSTITUTE

MEDICAL FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

Students are expected to be in good health since they will deal directly with patients in health care settings. The UMHS EMS Education Institute requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student's level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during lab and clinical rotations. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent. NOTE: Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.

EMT-Basic's and EMT-Paramedic's provide basic level pre-hospital emergency medical care under medical command authority to acutely ill or injured patients and/or transports patients by ambulance or other emergency vehicle. EMT-Basic's and EMT-Paramedic's assume the role of a team player in patient care. This may also include taking the lead in patient care at times. EMT-Basic's and EMT-Paramedic's must maintain awareness of the scene at which care is taking place. EMT-Basic's and EMT-Paramedic's might perform other medical services under medical direction outside the hospital environment.

EMT-Basic's and EMT-Paramedic's should be able to perform the following Essential Functions:

- 1. Demonstrate an awareness of abilities and limitations.
2. Have the ability to relate to people.
3. Have the capacity to make rational patient care decisions under stress.
4. Communicate effectively both verbally and in writing.
5. Muscular Tension - Perform tasks requiring pushing, pulling, lifting
6. Fine Motor Skills - Perform tasks requiring the individual to perform dexterity and fine motor skills after being physically taxed
7. Muscular Endurance - Perform tasks involving repetitions of exercises (e.g., carrying objects up and down stairs)
8. Cardiovascular Endurance - Perform tasks requiring aerobic capacity
9. Flexibility - Perform tasks where bending, twisting, stretching or reaching of a body segment occurs

MENTAL AND PHYSICAL HEALTH ASSESSMENT:

***Based on the students history and your examination, is this student's mental and physical health sufficient to perform the classroom and clinical duties of an Emergency Medical Services student including those listed above?

Yes ___ No ___

Vision (corrected) ___ / ___ Uncorrected ___ / ___

Additional Comments:

Physician/PA/CRNP Name (Please Print): _____ Signature: _____

Address: _____ Date of Exam: _____

_____ Phone Number: _____

14 PANEL URINE DRUG SCREEN:

A clean drug screen is required within 90 days before the course begins, may be subject to additional screenings during course.

The UMHS has contracted a discounted rate of \$42.50 for the required 14 panel urine drug screen with: Mid Missouri Drug Testing Collections Inc., 405 Bernadette Dr Suite B, Columbia, MO 65203. (573) 234-1872. Hours are 8:30-5 Monday-Thursday and 8:30-4 on Friday. You will need a photo ID.



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LAB TESTS/IMMUNIZATIONS:

TB skin test Mantoux Tuberculin (Tb) Skin Testing A TB survey must be done annually and repeated to maintain an annual schedule. If > 2 yrs since last Tb test, need 2 Tb tests at least one week apart.

#1 (must be within the last 24 months) Date: _____ Results: _____
#2 (must be within the last 12 months) Date: _____ Results: _____
Chest X-Ray - (Required only if TB test is positive)
Date: _____ Results: _____
Antitubercular drug therapy administered? _____ Drugs: _____

Provider Signature: _____ Agency: _____

IMMUNIZATIONS:

Because each lab has different criteria for positive immunity, please state positive immunity for titers. All of the following must be addressed by circling either vaccination or titer and positive immunity- they are not optional. Having had the illness does not establish immunity, only the titer or vaccination will stand as proof (please circle either titer or vaccine)

Hepatitis B: (Must have proof of 2 injections before participating in lab and clinical activities)

#1 Date: _____ #2 Date: _____ #3 Date: _____

OR

Post Series Titer Date: _____ Titer Results: _____

Measles: Titer Date: _____ Titer Results: _____

OR

Vaccine #1 Date: _____ Vaccine #2(after 1980) Date: _____

Mumps: Titer Date: _____ Titer Results: _____

OR

Vaccine #1 Date: _____ Vaccine #2(after 1980) Date: _____

Rubella: Titer Date: _____ Titer Results: _____

OR

Vaccine #1 Date: _____ Vaccine #2(after 1980) Date: _____

Varicella Titer Date: _____ Titer Results: _____

OR

Vaccine #1 Date: _____ Vaccine #2(30 days apart) Date: _____

Tetanus Diphtheria (Td) or (Tdap) Date (within 10 years): _____

Influenza

Vaccine / Mist Date: _____ (Mandated Annually when seasonal Flu Vaccine/Mist available)

Provider Signature: _____ Agency: _____

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable/transferable diseases or illnesses. The UMHS EMS Education Institute will provide instruction regarding safe health care practices when caring for patients with communicable/transferable conditions. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this physical. I understand that my personal protection against communicable/transferable conditions is my responsibility. The physician performing this physical examination has permission to release the findings to the UMHS EMS Education Program.

Student's Signature: _____ Date: _____