### REQUIREMENTS FOR STUDENT HEALTH RECORDS

**Trenholm State EMS Program**

Before beginning any clinical course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of required documentation. **NOTE: THIS INFORMATION SHOULD BE SUBMITTED DIRECTLY TO VERIFIED CREDENTIALS.**

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<th>Student Name</th>
<th>Student ID#</th>
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#### ITEM | DOCUMENTATION REQUIRED
---|---
**Health Questionnaire (Physical Exam)** | Initial physical examination must have occurred within 3 months of admission to program. *Health questionnaire* form must be completed and signed by a physician, physician assistant, or nurse practitioner. Health Dept. stamps are not valid. Health Questionnaire is current for one year from date signed and must be current through the entire term for which student is registering.

**Essential Functions** | The Essential Functions form must be signed by student and physician, physician assistant, or nurse practitioner.

**Drug Screen** | First term students are required to have a drug screen as part of their physical. Drug screens may be conducted for cause and/or randomly during the semester. Cost of the drug screen is the responsibility of the student.

**Varicella (Chicken Pox)** | Documentation of disease history or immunization. If unable to provide medical documentation, you must have titer. If titer is negative, you must repeat immunization.

**Measles* (Rubeola)** | Documentation of two doses of live measles virus vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.

**Mumps*** | Documentation of two immunizations with live mumps vaccine (part of MMR). If unable to provide documentation, you must have titer. If titer is negative, you must repeat immunization.

**Rubella*** | Documentation of two Rubella immunizations (part of MMR). If unable to provide documentation, you must have titer; if titer is negative, you must repeat immunization.

**Tetanus (Tdap)** | Documentation of immunization within last ten years.

**Hepatitis B** | Documentation of first of three immunizations is required before beginning first clinical. Proof of 2\textsuperscript{nd} & 3\textsuperscript{rd} vaccines must be submitted when due. Waiver is available for those unable to receive the vaccine.

**PPD or Tuberculosis (TB skin test)** | Initial Tb skin test is required prior to beginning first clinical and must be current during the entire time enrolled in a clinical course. Tb is current for one year from administration date. If you have ever tested positive for Tb, you must submit documentation of a current negative chest x-ray. Chest x-rays are current for two years from date of test.

**Background Check** | Documentation of a criminal background check within 3 months of admission to program. Must be obtained through approved college vendor. Results will be reviewed on an individual basis.

**EMT LICENSE** | COPY of current EMT licensure must be presented prior to beginning clinicals at the AEMT level

**AEMT LICENSE** | COPY of current AEMT licensure must be presented prior to beginning clinicals at the Paramedic level

**CPR** | Documentation of current CPR certification (typed CPR Card) must be presented prior to beginning any clinical activity. American Red Cross-Professional Rescuer level or American Heart Association-Health Care Provider is acceptable. Certification must include infant/child rescue and two man rescue.

*Please Note: If you require the MMR immunization, you should not be pregnant nor should you become pregnant for three months after receiving vaccine.*
### EMS Department
#### Annual Health Examination

**Date of Exam:** ____________________

**Student Name (Last, First, M):**

**Telephone:** ( ) -

**TSTC Student Number:**

**Program (Circle one):**
- EMT
- Advanced EMT
- Paramedic

**Allergies (Food/Drug/Latex, etc.):**

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**Vision:** Right 20/____ Left 20/____ Corrected: Y N

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<th>NORMAL</th>
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<td>Other</td>
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Has student been diagnosed with any chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.)

- Yes
- No

If yes, please list:

______________________________________________________________________________

Has student been diagnosed with any psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.)

- Yes
- No

If yes, please list:

_________ ___________________________________________________________________

Are the above conditions being presently controlled or treated?

- Yes
- No

If yes, please describe:

______________________________________________________________________________

Is student taking any prescribed medications on a regular basis?

- Yes
- No

If yes, please list:

______________________________________________________________________________

Has the student had chicken pox?

- Yes
- No
- Unknown

If yes, do you recommend a varicella titer to ensure immunity?

- Yes
- No

If unknown, proof of immunization or positive titer is required.

**On the basis of the examination on this day, I approve this student’s participation in Health Science Clinicals.**

- Yes
- No
- Limited

If limited, comment is required.

______________________________________________________________________________

**Physician’s PRINTED Name, Address, and Phone Number:**

**Physician’s Signature:** ____________________ **Date:** ____________________

For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Sciences to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.

______________________________________________________________________________

**Student’s Signature:** ____________________ **Date:** ____________________

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Annual Health Questionnaire (revised 8/02/2015)
H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE
EMS Program: Essential Functions

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with H. Council Trenholm State Community College Policy, when requested accommodations may be provided for individuals with disabilities. The essential functions below are necessary for EMS program admission, progression and graduation and for the provision of safe and effective patient care. The essential functions include but are not limited to the ability to:

1) Sensory Perception
   a) Visual (or without corrective lenses)
      i) Observe and discern subtle changes in physical conditions and the environment
   b) Visualize different color spectrums and color changes
   c) Read fine print in varying levels of light
   d) Read for prolonged periods of time
   e) Read cursive writing
   f) Read at varying distances
   g) Read data/information displayed on monitors/equipment

2) Auditory
   a) Interpret monitoring devices
   b) Distinguish muffled sounds heard through a stethoscope
   c) Hear and discriminate high and low frequency sounds produced by the body and the environment
   d) Effectively hear to communicate with others

3) Tactile
   a) Discern tremors, vibrations, pulses, textures, temperature, shape, size, location and other physical characteristics
   b) Operate a computer

4) Motor Function
   a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
   b) Coordinate hand/eye movements
   c) Coordinate fine and gross motor had movements to provide safe effective patient care
   d) Calibrate/use equipment
   e) Execute movement required to provide patient care in all health care settings
   f) Operate a computer
   g) Perform CPR and physical assessments

5) Professional Behavior
   a) Convey caring, respect, sensitivity, tact compassion, empathy, tolerance and a healthy attitude toward others
   b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
   c) Handle multiple tasks concurrently
   d) Function effectively in situations of uncertainty and stress inherent in providing patient care
   e) Adapt to changing environments and situations
   f) Remain free of chemical dependency
   g) Report promptly to clinical and remain for 6-12 hours on the clinical unit
   h) Provide patient care in an appropriate time frame
   i) Accepts responsibility, accountability, and ownership of one's actions
   j) Seek supervision/consultation in a timely manner
   k) Examine and modify one's own behavior when it interferes with patient care or learning

**STUDENT VERIFICATION**

Read the declarations below and sign only one option. If you are unable to fully meet any criterion, you will need to direct your request to the Coordinator of Disability Services.

I have read the Essential Functions for this program and I certify that to the best of my knowledge I currently have the ability to fully perform these functions. I understand that further evaluation of my ability may be required and conducted by the EMT faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

I have read the Essential Functions for this program and I currently am unable to fully meet the items indicated without accommodations. I am requesting the following reasonable accommodations: (use additional sheet if needed)

__________________________        _____________________
Print Signature                       Date

__________________________  SS#
Print Name

**PHYSICIANS VERIFICATION**

Is this person's mental and physical health sufficient to perform the classroom and clinical duties of an EMT student? Upon Admission to the program must be signed by physician.

Yes   No   If no, please explain (use additional sheet if needed)

__________________________        _____________________
MD Signature                       Date

__________________________
Printed Name
HEALTH POLICIES

Annual Physical Examination and Technical Standards Verification Students are required to submit verification of an annual physical examination and verification of technical standards on forms prescribed by the College. These forms must be completed in their entirety and must be signed by a practicing physician, nurse practitioner or physician assistant. No other form will be accepted. If you respond less than 100 percent to any criterion in the technical standards section, an explanation and/or additional information will be required. You may ask for reasonable accommodation; the Director of Allied Health will determine if the accommodations can be met. Forms to be completed may be obtained from an EMS advisor. The physical examinations are at the student's own expense.

Hepatitis B Vaccine
All students admitted to programs of study in the Allied Health Division are required to receive the Hepatitis B vaccine. The vaccine is a series of three injections. The student must have the first injection prior to participating in clinical experiences. The second injection must be received two months after the initial vaccination, and the third injection must be received six months after the first vaccination.

Communicable Disease Policy
Students entering any program in the Allied Health Division must be aware that they may be exposed to various contagious diseases during their clinical education and career. Precautions to be taken are outlined in the introductory patient care courses. Students are required to make use of any protective devices available and are required to use universal precautions.

Upon diagnosis of a communicable disease(s) (i.e., chicken pox, measles, flu, etc.), students must contact the clinical instructor immediately. Based upon current medical knowledge, the instructor will make judgment of communicability and advise the student regarding attendance.

Students in all health care programs must comply with Public Law #102-141, Section 633 and "The Alabama Infected Health Care Worker Management Act."

The law requires that the HIV or HBV infected health care worker report to the State Health Officer his/her condition within 30 days of the time he/she is aware of his/her infection. The infected health care worker must realize that any physician providing care to any infected health care worker must notify the State Health Officer of the infected status within seven days of the time he/she diagnoses or provides such care.

Injury, Exposure Incidents, or Accidents during Clinical
If you or a patient is injured, has an exposure incident or accident during clinical experiences (needle stick, back injury, etc.), you must:

1. Wash the site completely with soap and water.
2. Notify your clinical instructor immediately, and notify the EMS Department with 24 hours of injury, exposure incident, or accident.
3. Report the injury to the appropriate on-site supervisor.
4. Complete the incident report provided in this Clinical Notebook and any reports required by the clinical unit.

You will be referred to the hospital's Emergency Department to be examined by a physician. The hospital will provide immediate care. The student is responsible for all expenses charged by the clinical facility in rendering medical care.
REQUEST FOR SERVICES

PHOTO ID REQUIRED

- Physical with CBC $40.00
- TB Skin test (if needed) $10.00
- Tetanus (if needed) $35.00
- Hep B titer (if needed) $50.00
- Hep B Vaccine (if needed) $50.00 ea
- MMR and Chicken Pox titer (if needed) $100.00

*Pick up the BLUE FORM from the health Department and bring with you.*
Trenholm Tech

Physical with CBC $35.00
TR Skin Test (if needed) $35.00

It is the responsibility of the student to check with his/her insurance company to find out if it covers a physical. If your insurance does not cover one you will be charged the cash prices.

We are open Monday – Thursday 8am to 4:30pm
Walk in only no appointment needed