



Part III, Physical Exam

Date of Exam _____ Height _____ Weight _____

BP _____ Pulse _____ Temp _____

Please indicate if normal, or describe if not within normal limits:

Head: _____

EENT: _____

Dental: _____

Neck: _____

Heart: _____

Lungs: _____

Abdomen: _____

G.I.: _____

GU: _____

Musculoskeletal: _____

Physical or Emotional: _____

Any condition that would limit this student's activities within the Regional Training Institute EMS Programs? _____

*Authorized Signature _____ Date _____

Assessor's Name: _____

Professional Address: _____



Part IV, Immunization Record

This portion of the form must be completed by a physician or you must supply a copy of each record listed below from the doctor or clinic performing the service.

Name _____ SSN _____ Date of Birth _____

| Vaccinations | Test Date | Signature or Facility Stamp where received | Results (If Applicable) |
|--|-----------|--|-------------------------|
| Diphtheria-Tetanus Toxoid Booster (TD due every 10 years) | _____ | _____ | _____ |
| Rubella - Must have one of the following: | | | |
| a. Serum antibody titer | _____ | _____ | _____ |
| b. Vaccine | _____ | _____ | _____ |
| Rubeola – Must have one of the following: | | | |
| a. Serum antibody titer | _____ | _____ | _____ |
| b. Live Measles Vaccine – two doses | _____ | _____ | _____ |
| c. Physician diagnosed diseased | _____ | _____ | _____ |
| d. Been born before 1957 | _____ | _____ | _____ |
| Mumps – Must have one of the following | | | |
| a. History of the disease | _____ | _____ | _____ |
| b. Vaccine | _____ | _____ | _____ |
| Varicella (Chickenpox) – Must have one of the following – if childhood disease must have a titer. If vaccine or titer is older than 5 years, a titer is required for proof of immunity. | | | |
| a. Serum antibody titer (attach copy) | _____ | _____ | _____ |
| b. Varicella Vaccine | | | |
| Dose #1 | _____ | _____ | _____ |
| Dose #2 | _____ | _____ | _____ |
| Hepatitis B Series (HB Vaccine) – If given more than 5 years ago, a titer is required for proof of immunity | | | |
| a. Dose #1 | _____ | _____ | _____ |
| b. Dose #2 | _____ | _____ | _____ |
| c. Dose #3 | _____ | _____ | _____ |
| If past history of Type Hepatitis B titer (anti-HBS) (attach copy) | | | |
| Type Hep B Antibody titer | _____ | _____ | _____ |



Screening Test Date Given Date Read Results Signature/Facility Stamp

TB Skin Test

X-Ray



**ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMS**

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Essential Job Functions Analysis

The purpose of this evaluation is to determine whether or not an individual meets the essential job function requirements stated in the National Highway Traffic Safety Administration's Emergency Medical Technician: EMT, National Standard Curriculum: Appendix A. This document must be completed by a licensed M.D. or D.O. Once completed, please mail the entire original document to the Office of EMS, Attn: Jamie Gray. A copy may be simultaneously submitted via email or fax to the contact information listed above. The date, individual's name, and physician's initials must be included at the top of each page.

PHYSICAL REQUIREMENTS OF JOB TASKS:

NOTE: In terms of a 24-hour work day:

INTERMITTENT is considered on an "on and off again" basis;

RARELY = < 1% of the time

FREQUENTLY = 34 - 66% of the time

OCCASIONALLY = 1 - 33% of the time

CONSTANTLY = 67-100% of the time

The following actions should be evaluated without any accommodations or assistance.

Please indicate beside each action whether or not the individual currently meets the requirements.

- Yes No **STANDING:** Frequently, dynamic and static standing while performing emergency rescue/medical procedures. Standing would occur on the wide variety of surfaces mentioned above. Standing could last from a few minutes to hours, depending on the situation. Standing could occur in the standard erect position, the kneeling or squatting position, etc.
AVERAGE DAILY TOTAL: up to 11 hours, depending on the situation and station location
- Yes No **WALKING:** Frequently, walking to and from an incident scene to emergency vehicles and walking to and from the emergency vehicle to the station. Frequently to continuously when responding to calls. The individual must be able to go up and down slight inclines or declines that may be found at roadsides, agricultural areas, etc.
AVERAGE DAILY TOTAL: up to 11 hours or more, depending on situation
- Yes No **SITTING:** Occasionally, while riding in emergency vehicles, performing paperwork, and performing patient assessments
AVERAGE DAILY TOTAL: up to 4 hours
- Yes No **DRIVING:** Occasionally to frequently, if qualified per the Office of EMS rules. N/A if unqualified or not required.
AVERAGE DAILY TOTAL: 6-8 hours (if assigned to driving duties for the shift)



(Date Completed)

(Name of Individual)

(Physician Initials)

- Yes No **BALANCE:** Frequently, walking and climbing are required for the safe transport of patients.
- Yes No **CLIMB STAIRS:** Frequently, walking and climbing are required for the safe transport of patients. This is required when climbing steps up and down with a patient on a stretcher or other device, and when entering or exiting the emergency vehicle. Generally, the climbing would require lifting and carrying heavy objects such as a stretcher or other device with a patient on it. In addition, balancing may be required when backing down staircases.
- Yes No **WALK ON ROUGH GROUND:** Frequently, at incident scenes or at stations.
- Yes No **TWIST OR TURN:** Frequently, getting into awkward positions to reach and move victims, entering and exiting vehicles, and stretcher operations.
- Yes No **BEND/STOOP:** Occasionally, accessing sick or injured patients, giving emergency medical treatment, maneuvering stretcher or other equipment (may alternate with Crouch/Squat). Patients are often found injured or sick in locations where removal is only possible through an individual's stooping, kneeling, crouching, or crawling. Frequently throughout a work shift the individual will be required to bend in a range of 1 to 90 degrees. The average situation will require the individual to work in a range of 35 to 65 degree bends. This would involve: lifting a patient, lifting equipment, treating a patient at ground level, sitting on a bench located in the ambulance. This activity may be prolonged and last up to 30 minutes or more. During any given call, the provider may bend and/or stoop 1 to 15 times per incident.
- Yes No **CROUCH/SQUAT:** Occasionally, accessing sick or injured patients, giving emergency medical treatment, maneuvering stretcher or other equipment (may alternate with Bend/Stoop). Patients are often found injured or sick in locations where removal is only possible through an individual's stooping, kneeling, crouching, or crawling.
- Yes No **CRAWL/KNEEL:** Occasionally, accessing sick or injured patients, giving emergency medical treatment, maneuvering equipment, and/or working in confined spaces. Patients are often found injured or sick in locations where removal is only possible through an individual's stooping, kneeling, crouching, or crawling. Kneeling may be performed when on the scene picking up equipment or assisting patients. The actual number of times this is done depends on the particular incident but may be up to 15 times for a duration up to 30 minutes or greater.
- Yes No **REACHING:** Frequently to continuously throughout the work shift in order to review monitoring equipment, operate communication equipment, administer oxygen, and operate equipment. May also be required to reach in precarious positions, such as in a vehicle, which has been crushed in an accident, or in other confined spaces. If working inside the ambulance en route to a medical facility, will need to reach to access the patient and supplies. Reaching will involve partial to full extension of the arms.
- Yes No **REACHING SHOULDER TO OVERHEAD:** Occasionally, accessing supplies in emergency unit, starting IV's, storing items in emergency unit.
- Yes No **REACHING WAIST TO SHOULDER:** Occasionally to frequently, accessing and moving victims at accident scenes (multiple times per response), performing emergency medical procedures, performing combat duties.



(Date Completed)

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- Yes No **REACHING KNEE TO WAIST:** Occasionally to frequently, accessing and moving victims at accident scenes (multiple times per response), performing emergency medical procedures, operating stretcher or other equipment.
- Yes No **REACHING FLOOR TO KNEE:** Occasionally, reaching down to patient at ground/floor level.
- Yes No **REACHING EXTENSION/FLEXION:** Frequently, opening/closing emergency unit doors, moving sick or injured patients, operating stretcher or other equipment, transport lifesaving equipment, carefully handling patients in fragile conditions, patient assessment.
- Yes No **HANDLING/GRASPING:** Continuously, handling stretchers, spine boards, hospital beds, sick or injured patients, medical equipment, ventilation kit, drug kit, medical supplies, radios, telephone, portable computer, clip board, writing utensil, transport lifesaving equipment, carefully handling patients in fragile conditions, patient assessment, hand tools. While working at any given location, continual bilateral gross manipulation is performed in this position. This may be involved when: opening/closing doors; and using, handling, carrying and/or operating medical equipment boxes that may weigh approximately fifty (50) pounds or more, stretcher rails, various handles attached to equipment, and tools. The arm and hand must be able to perform all types of positions, including supination and pronation. Hyperextension, extension and flexion of the fingers will be involved, ulnar and radial deviation, abduction and adduction of the hand and wrist will be required. A wide variety of grasping will be required, such as cylindrical grasping, palmer grasping, hook grasping, tip grasping, lateral grasping and spherical grasping.
- Yes No **POWER GRASPING:** Frequently, handling stretchers, spine boards, hospital beds, sick or injured patients, medical equipment, medical supplies, hand tools, and combative patients.
- Yes No **FINGER/FEEL:** Frequently, starting IV's, applying tourniquets and bandages, using syringes, assessing vital signs, writing reports, typing on a computer, using a telephone, medication administration, transport lifesaving equipment, carefully handling patients in fragile conditions, patient assessment/diagnostics.
- Yes No **OPERATE FOOT CONTROL:** Occasionally to frequently while driving, qualified per the Office of EMS rules. N/A if unqualified or not required.
- Yes No **SPEAKING REQUIREMENTS:** Constantly, essential to perform the duties of this position. Responds to patients, physicians, dispatchers, and co-workers through direct communication, patient assessment/diagnostics. EMS personnel must have the ability to report verbally and in writing concerning observations about the patient, patient care at the scene and en route to the receiving facility. EMS personnel must have the ability to communicate verbally via telephone and radio equipment and must have the ability to interview patient, family members and bystanders. EMS personnel must have the ability to converse in English with coworkers and hospital staff as to status of patient.
- Yes No **HEARING REQUIREMENTS:** Constantly, essential to perform the duties of this position. Responds to patients, physicians, dispatchers, and co-workers through direct verbal communication, and perform patient assessment/diagnostics including auscultation of blood pressure, breath sounds, and heart sounds using a stethoscope. EMS personnel must have the ability to communicate verbally via telephone and radio equipment and to receive direct



(Date Completed)

(Name of Individual)

(Physician Initials)

verbal communication. EMS personnel must have the ability to interview patient, family members and bystanders.

- Yes No **VISION REQUIREMENTS:** Near and far acuity essential to perform the duties of this position; 20/100 in each eye uncorrected; corrected to 20/20 in better eye and 20/30 in lesser eye. Able to distinguish landmarks, drive ambulances if required, assess patients/perform diagnostics in low light conditions. EMS personnel must have the ability to interpret written, oral and diagnostic form instructions.
- Yes No **READING:** Frequently, EMS personnel must have the ability to read and understand English manuals and road maps and have the ability to accurately discern street signs and address numbers.
- Yes No **WRITING:** Frequently, personnel must have the ability to document, in writing, all relevant information in a prescribed format in light of legal ramifications. Individuals must have the ability to accurately document vital signs and patient information as needed.
- Yes No **PUSHING/PULLING:** Frequently, the activities that would require the most force in pushing and pulling is when removing or returning a gurney to the emergency vehicle, with and without a patient on the gurney. The weight required to push/pull will vary, depending on the weight on the gurney. Slight pushing will be required if the incumbent is performing CPR, which can require repetitive pushing and may range from a few minutes to hours. Pushing and pulling is required when operating and closing vehicle doors.
- Yes No **PUSH:** Frequently, able to exert force on or against an object in order to move it away. Objects pushed: stretcher/gurneys and hospital beds (with and without a patient), vehicle and building doors, cleaning equipment.
- Using: ___Right ___Left (arm/hand) ___Right ___Left (leg/foot) ___ whole body
- Yes No **PULL:** Frequently, able to draw an object towards oneself, in a particular direction, or into a particular position. Objects pulled: accident victims, stretcher/gurneys and hospital beds (with and without a patient).
- Using: ___Right ___Left (arm/hand) ___Right ___Left (leg/foot) ___ whole body
- Yes No **LIFTING/CARRYING:** Frequently, sick or injured patients of varying weights; equipment and supplies of varying weights including fire extinguishers, cardiac monitors (30lbs), ventilation kit (10lbs), drug kit (20lbs), stretcher with or without a patient (250lbs with assistance, 125 lbs individually). Frequently required to lift and carry weights ranging from a few pounds to ten (10) pounds and above. Occasionally required to lift and carry weights scaled at above 100 pounds or more. Will need to lift and carry, with one team member, adult patients, lifting them from various positions (such as a bed or a chair) onto various patient movement devices, such as an ambulance stretcher, a stair chair, long back boards, etc., and then efficiently move them into an ambulance. Other heavier objects in the high range category would be 5-foot tall, 10-inch diameter oxygen cylinders, and medical equipment boxes. The oxygen cylinders can be made of quarter-inch steel and weigh up to 113 pounds. The medical equipment boxes can weigh approximately thirty (30) pounds or more. Individuals must be able to walk backwards while carrying heavy objects as well.



(Date Completed)

(Name of Individual)

(Physician Initials)

NOTE: In terms of lifting sick or injured patients, heavier amounts of weight (>100lbs) are lifted frequently, while lighter victims (such as children) are lifted rarely to occasionally.

Amounts of weight lifted vary per situation; lifting generally performed from ground to waist level multiple times per shift, depending on the number of calls. Individuals lift patients generally for 75% of the shift.

The heaviest amount of weight carried is sick or injured patient; weight carried depends on victim, who is carried a distance generally of under 100 feet at any given time.

- Yes No **EXPOSURE TO EXTREME CHANGES IN TEMPERATURE:** Occasionally, able to perform duties in all kinds of weather conditions
- Yes No **NOISE:** Frequently, high-pitched sirens and alarms, traffic noises, voices, radio traffic. EMS personnel must have the ability to work effectively in an environment with loud noises.
- Yes No **LIGHT:** Continuously, duties performed under natural and artificial light conditions, as well as low or limited light conditions. EMS personnel must have the ability to work effectively in an environment with flashing lights.
- Yes No **INDOOR OR OUTDOOR WORK:** 75% outdoors with little to no climate protection.
- Yes No **MENTAL REQUIREMENTS:** Must be alert to safety hazards; ability to competently function, multitask, process commands, and exercise professional judgment under extremely stressful and time-sensitive situations; ability to self-assess and report any diminishing physical and/or psychological capacities affecting job performance; ability to skillfully perform repetitive tasks; ability to cope with unpredictable environments and patients. EMS personnel must have the ability to interpret written, oral and diagnostic form instructions. EMS personnel must have the ability to use good judgment and remain calm in high-stress situations.



(Date Completed)

(Name of Individual)

(Physician Initials)

PHYSICIAN'S STATEMENT

(Name of individual)

- CAN perform the essential tasks of the job described on a reasonably continuous, full time basis as of _____.
(Date)
- CAN perform the essential tasks of the job described on a reasonably continuous basis as of _____ according to the following schedule:
(Date)

Hours per day/workdays per week

Week 1: _____ hours/_____ days

Week 2: _____ hours/_____ days

Week 3: _____ hours/_____ days

Week 4: _____ hours/_____ days

- CAN perform the essential tasks of the job described on a reasonably continuous basis with the following accommodations as of _____.
(List accommodations needed): (Date)

- CANNOT at this time ever perform the essential tasks of the job described on a reasonably continuous basis for the following objective medical reasons:

COMMENTS:

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S PRINTED NAME