



Paramedic Program Physical Examination and Health Information Packet

**Hennepin Healthcare
Paramedic Program
Health Information Packet**

Instructions:

Students in the paramedic program will have supervised patient contact in both controlled and in uncontrolled emergency settings as part of their training. This makes it necessary to require certain health assessments prior to clinical contact. These assessments are required by Minnesota Law and Occupational Safety and Health Administration (OSHA) guidelines.

In addition, the Minnesota Education Law requires that all college students have immunity against measles, mumps and rubella.

You will need to provide current immunization records as well. Please attached them to this paperwork.

Steps to completing this packet:

1. Read

Read the attached Functional Job Description for Paramedics.

2. Medical History and Questionnaire:

You should complete this form prior to the health assessment. You may find it necessary to consult your parent or guardian for some information. Accuracy and completeness is important to ensure your safety and the safety of patients that you may be assisting in the treatment of.

2. Immunization and TB Screening Form:

This form can be completed by your family or primary care physician, or by a clinic where you get immunizations. The information needed to complete these forms is frequently contained in immunization history cards completed by school health offices or clinics.

3. Physical Examination:

Schedule an appointment with a physician, nurse practitioner or physician's assistant to have a physical examination. If you have a primary care provider or family physician, this will probably be the best person to perform this exam since he or she is already familiar with your medical history. **Bring the ENTIRE PACKET with you to the physical exam so that the physician, NP or PA can review it.**

4. Bring all completed forms to student orientation, or bring them to:

Hennepin Healthcare EMS Education
600 Park Avenue
Minneapolis, MN 55415

Functional Position Description

Paramedic

Purpose:

Provide a guide for those who are interested in understanding what qualifications, competencies and tasks are expected of the Paramedic

Qualifications:

- Knowledge and Skills required show need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgment and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions
- Ability to distinguish visual situations that are daily functions of a paramedic

Competency Areas:

Students must have the cognitive ability to learn and apply the following skills to care for patients in the emergency setting:

- Assessment of a patient, handling emergencies using Basic Life Support equipment and techniques.
- Perform CPR, control bleeding, provide non-invasive treatment of hypoperfusion, stabilize / immobilize injured bones and the spine, manage environmental emergencies and emergency childbirth.
- Use of a semi-automatic defibrillator.
- Ability to assist patients with self-administration or administer emergency medications as according to protocol.
- Provide advanced life support, including:
 - Intravenous therapy
 - Defibrillation
 - Advanced airway adjunct insertion (endotracheal tube or dual lumen airway)
 - Advanced patient assessment and development of pharmacological treatment plans.
 - Medication administration according to protocol and ACLS standards.
 - Surgical interventions such as needle thoracostomy, surgical airways, and chest tube insertion (in certain jurisdictions).

Functional Job Description for Paramedic (continued)

Description of Tasks:

Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations.

Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders.

Assists with lifting, carrying and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary enroute. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided by Certified First Responders and EMT-Basics prior to paramedic arrival on scene) to emergency department staff and assists staff as required.

Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene.

Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness. Maintains ambulance in operable condition. Ensures cleanliness and organization of ambulance, its equipment and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity with all specialized equipment.

Note regarding respirator use:

Occupational Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) guidelines recommend the use of N-95 respirator masks when in contact with patients who may have certain conditions including tuberculosis (TB) and Severe Acute Respiratory Distress Syndrome (SARS).

Paramedic students therefore may have to wear N-95 respirators during clinical and field rotations. Questions to both the student and to the healthcare provider performing the physical exam are recommended by OSHA, and will assist in determining the student's ability to wear N-95 masks.

Please carefully and completely answer all questions in the attached questionnaire, and discuss any relevant conditions with your healthcare provider during the physical exam.

Hennepin Healthcare Paramedic Program
Medical History and Questionnaire
 (To be completed by student/applicant)

Last Name:		First Name:		Middle Initial:
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Curriculum: Paramedic	
Address:		City:	State:	Zip Code:
Telephone Number (day): ()		Telephone Number (evening): ()		
Emergency Contact Name:		Emergency Contact Telephone Number: ()		
Name of Primary Care Provider (family physician, etc):		Telephone Number: ()		
Current prescription medications (name, dosage, condition):		Allergies to food or medications:		

After reading the attached functional position description for the Paramedic, please answer the following question:

Do you have any disability, medical, psychological, or other conditions that would prevent you from safely perform the tasks listed in the Functional Position Description for Paramedic?

Yes No

If yes, provide details in the comments section. Note that a “yes” response is not an automatic bar to participation in the Paramedic program. All requests for accommodations will be handled in accordance with the HCMC/RCC ADA policy.

General Health History: Check any diseases or conditions that you have had or have at present:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Orthopedic problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hay Fever / Allergies	<input type="checkbox"/> Polio residual effects
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Rheumatic fever/residual heart disease
<input type="checkbox"/> Behavioral or psychiatric disorder	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Rheumatoid arthritis
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hives	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Chronic intestinal problems	<input type="checkbox"/> Impaired hearing	<input type="checkbox"/> Small pox
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infectious jaundice or hepatitis	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Eczema	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis or TB exposure
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Major injuries or surgeries	<input type="checkbox"/> Other illnesses or hospitalizations:
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Malignancy	

If you checked any boxes above, please provide detailed diagnosis, dates, prognosis and current condition in “comments.”

Respirator Use Section: Paramedic Students must wear particulate respirators (N-95 masks), during certain patient contacts. To assist your healthcare provider in determining your ability to wear and use a respirator, please answer the following questions.

Have you smoked tobacco within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worn a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list type:
If you have used a respirator, have you ever had any of the following problems while using a respirator?	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> General weakness or fatigue
<input type="checkbox"/> Eye irritation	<input type="checkbox"/> Skin allergies or rashes
<input type="checkbox"/> Any other problem that interferes with respirator use	

If you checked any boxes above, please provide detailed diagnosis, dates, prognosis and current condition in “comments.”

Respirator Section Continued: Have you ever had any of the following conditions?

GENERAL MEDICAL CONDITIONS	
<input type="checkbox"/> Allergic reactions that interfere with your breathing	<input type="checkbox"/> Claustrophobia (fear of closed-in places)
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Seizures (fits)
LUNG/RESPIRATORY CONDITIONS	
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Pneumothorax
<input type="checkbox"/> Broken ribs	<input type="checkbox"/> Silicosis
<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Any chest injuries or surgeries
	<input type="checkbox"/> Any other lung problem that you have been told about
CARDIOVASCULAR/HEART PROBLEMS	
<input type="checkbox"/> Angina	<input type="checkbox"/> Heart failure
<input type="checkbox"/> Heart arrhythmia (hear beating irregularly)	<input type="checkbox"/> Stroke
<input type="checkbox"/> Heart attack	<input type="checkbox"/> Swelling in your legs or feet (not caused by walking)
	<input type="checkbox"/> Any other heart problem that you have been told about

If you checked any boxes above, please provide detailed diagnosis, dates, prognosis and current condition in "comments."

Do you currently have any of the following symptoms of pulmonary or lung illness?

<input type="checkbox"/> Chest pain when you breathe deeply	<input type="checkbox"/> Coughing that produces phlegm (thick sputum)
<input type="checkbox"/> Coughing that occurs mostly when you are lying down	<input type="checkbox"/> Have to stop for breath when walking at your own pace on level ground
<input type="checkbox"/> Coughing that wakes you early in the morning	<input type="checkbox"/> Coughing up blood in the last month
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath that interferes with your job
<input type="checkbox"/> Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/> Shortness of breath when walking with other people at an ordinary pace on level ground
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Wheezing that interferes with your job
<input type="checkbox"/> Shortness of breath when washing or dressing yourself	<input type="checkbox"/> Any other symptoms that you think may be related to lung problems

If you checked any boxes above, please provide detailed diagnosis, dates, prognosis and current condition in "comments."

Comments:

I certify that the information on this form, to the best of my knowledge, is true, correct and complete. If requested by Hennepin County Medical Center, I agree to submit physician's statements or further information for evaluation of my health status.

I am aware that the information provided is voluntary. **I hereby authorize Hennepin Healthcare, to release this information to the clinical sites and to the paramedic program as required.** Other release of information will only be provided according to applicable laws, court order or by my written consent.

Signature of Student

Date

Hennepin Healthcare Paramedic Program
Paramedic Program

IMMUNITY REQUIREMENTS FORM

NAME: _____
(Last) (First) (Middle)

IMMUNITY REQUIREMENTS: Please, **DO NOT** submit this form until **ALL** requirements are met and data provided below. This record must be **COMPLETE** and **SUBMITTED** to Eric A. Martens by the First day of your student orientation.

*The safety of patients, students and faculty is the highest priority in the paramedic program. Per paramedic program policy and contractual agreements with clinical learning facilities, paramedic students are required to have current immunizations and/or tests as a condition of enrollment. Requirements of health professionals is different from those recommended for the general population. The requirements of the paramedic programs are consistent with those of the Centers for Disease Control and Prevention (CDC) for Healthcare Providers (HCP).
3/26/14*

- **Tetanus/Diphtheria/Pertussis (TdTdap)**

Date given: _____

- **DIPHTHERIA/TETANUS** Document most current does within last 5 years.

Date given: _____

Continue to the next page

• **TUBERCULOSIS IMMUNITY**

Mantoux Test: Students entering the Paramedic Program for the first time must have documentation of a 2-step Mantoux. The documentation of a 2-step Mantoux should be completed **within three months prior to the start of the clinical portion of the program.** *Documentation of a one step Mantoux is required annually thereafter.*

Mantoux - Two-step test IS REQUIRED FOR ALL INCOMING STUDENTS:

First Mantoux

Date placed: _____ Date read: _____ RESULT: _____ (must be read 48 – 72 hours after placement)

Signature, credential, and agency of person reading the Mantoux: _____

***** If the first step mantoux result is negative, a second test must be done 2-4 weeks later.**

Second Mantoux

Date placed: _____ Date read: _____ RESULT: _____ (must be read 48 – 72 hours after placement)

Signature, credential, and agency of person reading the Mantoux: _____

If Mantoux is positive, your documentation must include the results of your follow-up chest x-ray. If you had a normal chest x-ray after a previous positive Mantoux, you **MUST** provide a radiology report of that x-ray result. Students with positive skin-test reactions do not need to **repeat** chest x-rays unless symptoms develop that may be due to tuberculosis.

Date read: _____ RESULT: _____

*****Regardless of your Mantoux status,** do you have any of the following symptoms which may indicate active TB?

Check (✓) if applicable.

- | | |
|---|--|
| <input type="checkbox"/> Chronic cough of more than two weeks | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Coughing up bloody sputum | <input type="checkbox"/> Fever/chills |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Fatigue/Tire easily |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Lethargy |

- I have reviewed the symptoms above, and I confirm that I **do not** have any of these symptoms.

According to the CDC, repeat chest x-ray (after a positive Mantoux and negative chest x-ray) is not necessary unless there has been significant exposure to a person with TB or if you have any of the above listed symptoms. If in doubt, please discuss your concerns with your primary physician.

- **RUBELLA (GERMAN MEASLES) IMMUNITY** All students must have **ONE** of the following:
 _____ A vaccination against rubella after 12 months of age.
 _____ Date of first dose: _____ Date of second dose: _____
 _____ Rubella titer indicating immunity. *DATE TITER READ: _____

- **RUBEOLA (RED MEASLES) IMMUNITY** All students must have **ONE** of the following:
 _____ Born before January 1, 1957.
 _____ Date of vaccination against Rubeola after 12 months of age.
 _____ Date of first dose: _____ Date of second dose: _____
 _____ Rubeola titer indicating immunity. *DATE TITER READ: _____

- **MUMPS IMMUNITY** All students must have **ONE** of the following:
 _____ Born before January 1, 1957.
 _____ A vaccination against mumps after 12 months of age.
 _____ Date of first dose: _____ Date of second dose: _____
 _____ Mumps titer indicating immunity. *DATE TITER READ: _____

- **VARICELLA (CHICKEN POX)** All students must know their chicken pox status either by
 _____ Documented history of disease
 _____ TWO DOSES of varicella vaccine

OR:
 _____ Varicella titer indicating immunity *DATE TITER READ: _____

- **IF PREGNANT** and vaccination for rubella and/or rubeola and/or mumps are needed to meet immunity requirements, they must be received after delivery. If pregnant, please indicate **DUE DATE:** _____

The Hennepin County Medical Center Paramedic Program **requires** that students in the program be vaccinated against hepatitis B. Health Care Providers may be exposed to blood or other potentially infectious materials and, therefore, may be at risk of acquiring hepatitis B virus (HBV) infection. The student must:

- Document 3 doses of the vaccine given over 4 – 6 months
 1. First Dose DATE GIVEN _____
 2. Second Dose (1 month after #1) DATE GIVEN _____
 3. Third Dose (5 months after #2) DATE GIVEN _____

_____ Hepatitis B titer indicating immunity if dates unknown. *DATE TITER READ: _____

INFLUENZA vaccine **annually**. _____ Date given

*** PLEASE PROVIDE DOCUMENTATION FOR ALL IMMUNIZATIONS AND TITERS***

I VERIFY THAT THE IMMUNITY INFORMATION IS CORRECT.

STUDENTS NAME (PRINTED) _____

STUDENT SIGNATURE: _____ DATE: _____

**Hennepin Healthcare Paramedic Program
Hepatitis B Vaccination Declination**

Complete this form only if you are declining the Hepatitis B Vaccine series!

Patient Name:	Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
DECLINATION			
<p>I have been explained the risks of Hepatitis B, as well as the risks and benefits of Hepatitis B Vaccination. I understand that my role as a student in an EMS program and as a future healthcare provider places me at significant risks of exposure to Hepatitis B.</p> <p>In consideration of the educational benefits derived from experience in the clinical and field setting, and with full knowledge of the added risks of such experiences, particularly those associated with Hepatitis B exposure, I do hereby waive and release all claims and causes of action I now have or may have against Hennepin County Medical Center, the Clinical rotation hospitals clinics and offices affiliated with the Hospital, the Ambulance Services and Fire Department affiliated with the Hospital, and all officers, agents, and assigns of the aforementioned entities, arising out of my participation in this educational program without Hepatitis B immunity.</p> <p>I am at least 18 years of age, of sound mind, I execute this release and waiver voluntarily, and this release and waiver is not made upon the reliance of any inducements, promises or representations of the above mentioned entities or their representatives. This release shall be binding upon myself, my heirs, my representatives, my successors and assigns.</p>			
Signature of Student:		Date:	

Further notes if needed.
