

Wallace Community College – Emergency Medical Services

STUDENT INFORMATION / CHECKLIST

Before beginning any EMS Program course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of documentation by a medical professional. Turn in all health record documentation to EMS Program Personnel on the Wallace Campus in Dothan by the required deadline. **Include this form with your health records.**

Student Name: _____ Student ID Number: _____

ITEM	DOCUMENTATION REQUIRED	<input checked="" type="checkbox"/>
Essential Functions / Physician's Statement	The <i>Essential Functions / Physician's Statement Form</i> must be signed by the student and signed by a physician, physician's assistant, or a nurse practitioner . Attach completed form.	
Health Record Form	The <i>Health Record Form</i> must be completed and signed by a physician, physician's assistant, or a nurse practitioner . Attach completed form.	
Tetanus (Tdap) Vaccine	Documentation of an adult Tdap vaccine. Any Tdap older than ten (10) years must also be followed by documentation of a Tetanus booster (Td or Tdap) that is less than ten (10) years old. Attach medical documentation.	
PPD or Tuberculosis (TB Skin Test)	Documentation of a two-step TB skin test, consisting of one test followed by a second test 7-21 days later . The results cannot be more than four (4) weeks apart . TB skin tests are good for a period of one (1) year from the administration date. An annual one-step TB skin test will be required thereafter. Attach medical documentation. OR Students who have tested positive for TB in the past or who are unable to receive the TB skin test must submit narrative documentation with a clear chest x-ray. Completion of an annual <i>Tuberculosis Questionnaire</i> will also be required. Attach medical documentation.	
MMRV Titers	Documentation of titer results for MMRV – Measles (Rubeola), Mumps, Rubella (German Measles), and Varicella (Chicken Pox). If results are non-immune (negative) or equivocal, the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Measles, Mumps, Rubella, Varicella Release / Waiver Form</i> . Attach lab data report.	
Hepatitis B Titer	Documentation of titer results for Hepatitis B. Results must be within the past twenty (20) years. If results are non-immune (negative), the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Hepatitis B Vaccination Release / Waiver Form</i> . Attach lab data report.	
CPR <i>EMS Basic includes CPR training within the program.</i>	Documentation of current CPR certification by the American Heart Association Basic Life Support (BLS) for Health Care Providers (CPR/AED) or American Red Cross CPR for Professional Rescuer. Attach a copy of card / certificate	
Release Form	Read and sign the <i>Release of Clinical Information</i> form. Attach completed form.	
IMPORTANT: You must attach legible copies of all required documentation. Copies will not be made for you by Program personnel. It is a <u>student's responsibility</u> to maintain a personal file with all health records. Once submitted to the Program, no records will be released back to students. There is a student copier available in the Learning Resource Center.		

Signature _____

Date _____