

Wallace Community College
Emergency Medical Services

HEALTH RECORD AND
STATEMENT OF ESSENTIAL FUNCTIONS
SIGNATURE PAGE

STUDENT STATEMENT

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

Student Signature

Date

Student's Name (Printed)

PHYSICIAN STATEMENT

Based upon my assessment and evaluation, this person's mental and physical health **is** _____ **is not** _____ sufficient to perform the classroom, laboratory, and clinical duties of an Emergency Medical Services student.

If person is not mentally or physically sufficient to perform, please explain. (Attach additional sheet if necessary)

Physician, PA, or Nurse Practitioner (Signature)

Date

Physician, PA, or Nurse Practitioner (Printed)

Address

Contact Number