



PHYSICAL EVALUATION FORM

STUDENT DEMOGRAPHIC INFORMATION

NAME	LAST	FIRST	M.I.	D.O.B.	
ADDRESS	STREET	CITY	ZIP	GENDER	M F
CONTACT INFORMATION	EMAIL	HOME PHONE	CELL PHONE		
PHYSICIAN COMPLETING	NAME	PRACTICE PHONE	PRACTICE ADDRESS		

MEDICAL HISTORY (IF BOX IS CHECKED, PROVIDE EXPLANATION)

<input type="checkbox"/>	CARDIAC DISEASE	
<input type="checkbox"/>	ENDOCRINE DISEASE	
<input type="checkbox"/>	GU/GI DISEASE	
<input type="checkbox"/>	HEMATOLOGIC DISEASE	
<input type="checkbox"/>	MENTAL ILLNESS	
<input type="checkbox"/>	NEUROLOGIC DISEASE	
<input type="checkbox"/>	ORTHOPEDIC INJURIES	
<input type="checkbox"/>	RENAL DISEASE	
<input type="checkbox"/>	RESPIRATORY DISEASE	
<input type="checkbox"/>	OTHER	
<input type="checkbox"/>	ALLERGIES	
<input type="checkbox"/>	MEDICATIONS	
<input type="checkbox"/>	PHYSICAL LIMITATIONS	

CHECKLIST EVALUATION FOR EMS FUNCTIONAL JOB DESCRIPTION

TASK/PHYSICAL DEMANDS OF EMS PROFESSION—CANDIDATE MUST BE ABLE TO PERFORM	YES	NO
Ability to lift, carry and balance up to 125 pounds (250 with assistance)		
Ability to be unaffected by loud noises and flashing lights		
Ability to bend, stoop and crawl on uneven terrain		
Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient		
Ability to communicate effectively via telephone and radio equipment		
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 read English language manuals and road maps		
Ability to accurately discern street signs and addresses		
Possess good manual dexterity with ability to perform all tasks related to patient care		

BLOOD PRESSURE		PULSE		RESPIRATIONS		HEIGHT		WEIGHT	
PHYSICAL ASSESSMENT									
ASSESSMENT			NORMAL	ABNORMAL	COMMENTS				
HEAD/EYES/EARS/NOSE/MOUTH/THROAT									
	Pupils—equal, reactive, to light								
	Extraocular movements								
	Tympanic membrane								
	Nasal septum/mucosa								
	Teeth/Gums/Tongue/ Pharynx								
NECK									
	Range of Motion / Muscle strength								
	Thyroid								
	Carotids								
CHEST/CARDIOVASCULAR									
	Inspection								
	Auscultation								
	Apical Pulse/Heart Murmurs/Gallops/Size								
ABDOMEN									
	Inspection/Auscultation								
	Masses/Hernias								
MUSCULAR/SKELETAL/SPINE									
	Extremities (edema/Varicosity)								
	Range of Motion								
	Pulses								
	Spinal Alignment/Scoliosis								
GENITALS/RECTAL (MALE)									
	Scrotum/Testes (Hernia)								
NERVOUS SYSTEM									
	Motor								
	Sensory								
	Reflexes								
ADDITIONAL ASSESSMENTS/COMMENTS									

I performed the above medical evaluation and found to the best of my medical knowledge and judgement, him/her to be free from physical or mental impairments. Including habituation or addiction to depressants, stimulants, narcotics, alcohol or other behavior altering substances which might interfere with the performance of his/her duties or would pose a potential risk to a patient or personal.

	YES — Cleared to participate in the EMS Education Program
	NO - If checked—DOCUMENT below the facts which might interfere with this candidates duties / performance in the EMS Education Program or may cause potential harm or risk to the patients, personnel or self.

Physician PRINTED Name

Physician Signature

Date