

GADSDEN STATE

Emergency Medical Services Program

Orientation Packet

Full Name: _____

Student G#: _____

Contact Phone Number: _____

Email: _____

Program: (circle one) EMT Advanced EMT Paramedic

Semester: (circle one) Spring Summer Fall

Year: _____

Use the check list to keep required documents in the order listed below:

- ☐ 1) Cover Page.
- ☐ 2) Conditional Admission, Progression and Graduation Contract Form.
- ☐ 3) Background Screening Policy
- ☐ 4) Background Screening Consent and Release Form
- ☐ 5) Acknowledgement of Drug Screen Requirement
- ☐ 6) Student Substance Abuse Policy.
- ☐ 7) Student Substance Abuse Policy Agreement Form.
- ☐ 8) Consent to Release Protected Health Information (PHI) Form.
- ☐ 9) Further Required Information.
- ☐ 10) Student Physical Exam and Information Packet

Students are required to possess a hang tag for parking on campus. These can be obtained at the One-Stop Center in Gadsden or the Ayers campus in Anniston.

If you have any question please contact the EMS Program at 256-549-8689



Reviewed: 7/2019

GADSDEN STATE *Emergency Medical Services Program*

CONDITIONAL ADMISSION, PROGRESSION AND GRADUATION CONTRACT

1. I understand that falsification and/or omission of information on the college and/or EMS application shall be grounds for dismissal from the program. By state EMS law, cheating, plagiarism, and falsification of any documentation required by the EMS Program will be reported to Alabama Department of Public Health Office of EMS. Such actions may result in disciplinary procedures to include loss of current licensure, sanctions of licensure, or dismissal.
2. I understand that I must maintain a 75% average on all exams, lab exams, and final examinations to pass EMS classes for the semester. If a student falls below a 75% after all class exams are averaged, then they will not be eligible for the final examinations and fail the course. If a student fails a final lab practical station more than once, then they will be issued a failing grade for the entire course. If a student does not pass the final examinations with a 75% they will be issued a failing grade for the entire course regardless of course average.
3. I understand that it is my responsibility as a student to withdraw myself from classes if I do not meet program benchmarks. Faculty and staff cannot complete this process for students. All impacts on financial aid and GPA will be the student's responsibility upon failure to meet program benchmarks. Please meet with an advisor before taking action.
4. I understand that I must maintain a 75% average in each EMS class in order to be eligible to attend clinical training. Also, clinical average of less than 75% constitutes failure of the entire course regardless of didactic average.
5. I understand that as a student in the Emergency Medical Services Program (EMS) at Gadsden State Community College, I must successfully complete greater than 50% of the required credit load for each semester, I further understand that if I do not successfully complete greater than 50% of required credit load as outlined in the GSCC Catalog for each semester, I will be required to repeat that semester.
6. I have read and understand the absentee policy outlined in the course syllabus. Due to the length and subject matter of each class, it is of the utmost importance that I attend all classes. Make-up examinations may be administered at the instructor's discretion. I understand that failure to comply with above attendance requirements may constitute failure of EMS Program courses.
7. I understand that in order to meet the clinical requirements of the EMS Program, I will incur various costs associated with meeting the medical requirements of our various clinical affiliates. These will include the cost of a background check, drug screen, software, physical exam, blood titers, uniforms, malpractice insurance, and various equipment. These requirements are subject to change due to requests from our affiliate agencies.
8. In the clinical training portion of the EMS Program, I understand that I must attend my scheduled clinical rotations according to the program's clinical rules and regulations. Failure to comply fully with these will result in my receiving a lower grade or being ineligible to complete my clinical training due to my non-compliance. I agree to fully read and know the Program's Clinical and Field Policy Manuals before entering any rotation area.

9. I understand that I am required to abide by the rules and regulations of the clinical agency in which the clinical component of each course is performed. Failure to do so will result in dismissal from the program and a grade of "F" for the course assigned.
10. I understand that the clinical agency with which the program is affiliated has the right to request that a student be removed from their facility, as well as the right to refuse a student admission to their facility for clinical education.
11. I understand that evaluation materials (i.e., clinical evaluations with instructor notations and counseling forms) will be maintained in my student folder for 5 years. I understand that upon my request, I have the right to see any information that is retained in my student folder. I also understand that it is my responsibility to complete and keep a copy of all clinical paperwork required during my clinical rotations.
12. Due to the nature of the training received in the EMS Program, I understand that there are risks in demonstrating or receiving return demonstration in practical application of skills in the classroom segment. I also understand that there are certain risks involved in completing clinical rotations with clinical affiliates of the EMS Program at Gadsden State Community College. I fully understand that I am not required to involve myself in any activity that, in my opinion, would be potentially dangerous to me. I recognize that the EMS Program requires that I carry health/hospital and accident insurance while enrolled in the program. I understand that if I should desire such accident insurance, the EMS Program Director can furnish me with forms for student accident insurance protection. I will not hold Gadsden State Community College, any of its employees, any other EMS student, any clinical preceptor, or any EMS Program Clinical Affiliate responsible for any injury occurred as a result of 1) any classroom practical application or 2) performing clinical rotations.
13. I understand that during my EMS education that I will come in contact with infectious diseases and will be handling blood and body fluids. I further understand that my health and accident insurance and/or expenses are my responsibility.
14. I understand that I am responsible for transportation, meals, health care expense and any liability incurred during and while traveling to and/or from educational experiences.
15. The application for licensure as an EMT, Advanced EMT or Paramedic will have questions which ask, "Have you ever been convicted of a felony or criminal offense?" and "Have you ever been arrested or convicted for driving under the influence of alcohol/drugs?" Participation in the EMS program may be denied on the basis of this review.
16. I certify that I am not addicted to any intoxicating liquors or drugs and that I am not currently charged with or have ever been convicted of a criminal offense or DUI, other than a traffic violation.
17. I understand that by signing this contract, I agree to submit to unannounced and random drug screens at my expense.
18. I certify that I am of good moral character and that I have no known physical or mental handicaps that would prevent me from completing this training program. I understand that I must have a physical examination completed by a licensed physician in the State of Alabama and have him/her complete the physical examination form required by the program before any clinical rotations are scheduled. In addition, I understand that if my physical exam does not meet with the approval of the EMS Program Medical Director, I may be required to withdraw from the program.
19. I understand that failure to comply with legal, moral, and legislative standards which determine unacceptable behavior of the EMT, Advanced EMT and Paramedic and/or behavior which may be cause for denial of license to practice as a licensed EMT,

Advanced EMT, or Paramedic constitutes grounds for dismissal from the program regardless of course standing. A grade of "F" will be assigned for any EMS course from which the student is dismissed for unacceptable behavior.

20. I understand that these rules above apply to me on any EMS course I should take in the Emergency Medical Services Program through Gadsden State Community College, at the present or in the future. These requirements are subject to change at any time by administrative request. Furthermore, I understand that HIPAA rules are in effect for any clinical experience I will receive at Gadsden State Community College. I understand and agree to abide by the current HIPAA rules and guidelines as stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.
21. I understand that it is my responsibility to read the College Catalog, each course syllabus, clinical evaluation forms and other materials that are provided to the class which outlines my responsibilities as an EMT, Advanced EMT and Paramedic student. I understand that failure to abide by these published materials will be grounds for dismissal from the program.
22. I acknowledge that I am nineteen years of age or older, or that if I am under the age of nineteen years I am signing this release with the written consent of my parent(s) or legal guardians. As a student or prospective student of the Emergency Medical Services Program at Gadsden State Community College, I am aware of the risk of personal illness, injury or death which is inherent in my participating in EMS course offering(s), hospital or pre-hospital clinical rotation activities. Upon full awareness and consideration of the risks which I might assume in participating in classroom activities, hospital or pre-hospital clinical rotation activities, I hereby agree to release Gadsden State Community College, and its' instructors, officials, agents, representatives, and employees from any liability for any type of illness or injury, including one resulting in my death, which is incurred by me during a period which I am participating in such classroom activities, hospital or pre-hospital clinical rotation activities.
23. Any student who enrolled and attended our EMT, Advanced EMT, or Paramedic program twice and was unsuccessful is ineligible to attend our program for a third attempt.
24. Any returning student who had a previous failing grade and has accumulated skills in Fisdap, will not be allowed to count those skills towards the new classes.
25. Any student who has a medical event (accident, surgery, bedrest, hospitalization, birth, ect.) that would prevent them from meeting the essential functions required for the program must provide a medical release from the physician stating that the student can meet the essential functions before returning to the clinical area.

I HAVE READ THIS CONTRACT AND UNDERSTAND THAT THE CRITERIA STATED HEREIN AND IN THE COLLEGE CATALOG APPLY TO ME AND THAT FAILURE TO ABIDE BY ANY STATED CRITERIA IS GROUNDS FOR DISMISSAL.

Print Student's Name

Student's Signature

Date Signed

Print Witness' Name

Witness Signature

Date Signed



GADSDEN STATE

Background Screening Policy for Students in the Health Sciences

I. Policy Purpose

- A. Education of health science students at Gadsden State Community College requires extensive collaboration between the institution and its clinical affiliates.
- B. The College and clinical affiliates share an obligation to protect, to the extent reasonably possible, recipients of health care from harm.
- C. The College desires to ensure that the health and safety of students and patients are not compromised and acknowledges that clinical affiliation agreements exist to provide students with quality clinical education experiences.

II. Standards of Conduct and Enforcement Thereof

- A. Clinical affiliation agreements for programs within the health sciences contain contractual obligations to comply with the requirements set forth by health care facilities.
- B. Students enrolled in a health program at Gadsden State Community College must conform to the rules, policies, and procedures of the clinical affiliate in order to participate in clinical learning experiences.

III. General Guidelines

- A. Background screening is a requirement to complete admission to and/or maintain enrollment in a health science program.
- B. Types of screening to be conducted:
 - 1. ID Search Plus (name/address search)
 - 2. County Criminal Record History (out of AL)
 - 3. Alabama State Criminal Record History
 - 4. FACIS® Level 3 includes, but not limited to:
 - a) OIG – Office of Inspector General List of Excluded Individuals
 - b) GSA – General Services Administration Excluded Parties Listing
 - c) OFAC – Office of Foreign Assets Control Specially Designated Nationals (SDN) Search
 - 5. National Sex Offender Public Registry

IV. Student Guidelines

- A. Consent
 - 1. Submission of all information disclosed in the process of requesting a background screening will be the responsibility of the student.
 - 2. The *Disclosure & Authority to Release Information* form required in on-line creation of an account through the College-approved vendor must be completed by the student.

3. A *Background Screening Consent and Release Form* containing appropriate signatures must be submitted to and a copy kept in the applicable health science program office student file.

B. Procedure Policies

1. Background screens will be scheduled and conducted by a College-designated vendor in accordance with program specific admission deadlines and/or semester start dates. Background screens performed by any other vendor or agency will only be accepted with approval of the Assistant Dean of Health Sciences.
2. All expenses associated with background screening, whether initial screens or updates, are the responsibility of the student.
3. Failure to complete the background screen by the established deadline and/or refusing to sign the consent, disclosure, and/or release authorization form(s) will prohibit a student from attending health science program courses.
 - a) The student will be advised to officially withdraw from any courses within the applicable health science program prefix.
 - b) If the student does not officially withdraw a grade of “F” will be assigned for the course(s).

V. Results

- A. Results of background screening are confidential and will be released only to the individual student and to the approved College designee.
- B. If required by affiliate contracts, clinical affiliates will be provided with a copy of negative results for students assigned to the specific agency.
- C. Receipt of a positive background screening report will require further review by the College designee and appointed affiliate representatives.
 1. In the event of a positive background screen, the student will be notified of the results by the College designee and the screening vendor.
 2. Students will be provided an opportunity to challenge the accuracy of reported findings through the Adverse Action process provided by the College-approved vendor.
 3. Students with a positive background screen will not be allowed to participate in clinical assignments pending resolution of the background finding.
 4. Students who are unable to resolve positive background findings will not be allowed to continue in a health science program at Gadsden State Community College. The student will be advised by the College designee as to their future eligibility for program re-entry and the mechanisms for readmission application to a health science program.
 - (1) The student will be advised to officially withdraw from registration in any courses within the applicable health science program prefix.
 - (2) If the student does not officially withdraw a grade of “F” will be assigned for the course(s).
- D. Background screening results will be securely filed in the office of the College designee.
- E. Any conditions associated with positive background screens, which, upon review by designated clinical affiliate representatives are deemed allowable, may still have licensure implications upon graduation from a health science program.



**Background Screening Consent and Release Form
For Students in the Health Sciences**

I have received and carefully read the Background Screening Policy for Students in the Health Sciences. I understand that compliance with the background screening policy is a requirement to complete my admission to and/or maintain enrollment in a health science program at Gadsden State Community College.

By signing this document, I am indicating that I have read and understand Gadsden State Community College's Background Screening Policy for Students in the Health Sciences. My signature also indicates my agreement to complete the requirement and to submit required information to the approved screening vendor. I understand that my enrollment in health science courses is conditional to the provision of negative findings or facility approval upon circumstantial review. In the event of positive findings on my background screen and follow-up denial of access to or declared ineligibility to continue in clinical learning experiences, further attendance in health science courses will not be allowed. I will be offered the opportunity to withdraw from all courses in my health program for which I am enrolled. My failure to withdraw as directed will result in the assignment of an "F" for the course(s).

A copy of this signed and dated document will constitute my consent to abide by the College's Background Screening Policy. Upon submission of my personal information to the approved screening vendor, I also consent to the release of the original screening results to the approved College designee. A copy of this signed and dated document will constitute my consent for the College to release the results of my background screen to the clinical affiliate(s)' specifically designated person(s). I agree to hold harmless the College and its officers, agents, and employees from and against any harm, claim, suit, or cause of action, which may occur as a direct or indirect result of the background screen or release of the results to the College and/or the clinical affiliates. I understand that should any legal action be taken as a result of the background screen, that confidentiality can no longer be maintained.

I agree to abide by the aforementioned policy. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document. I hereby acknowledge that I will authorize the College's contracted agents to procure a background screen on me. I further understand this signed consent hereby authorizes the College's contracted agents to conduct necessary and/or periodic background screens and/or updates as required by contractual agreements with clinical affiliates.

Student Signature

Witness Signature

Student's Printed Name

Witness' Printed Name

Date

Date



GADSDEN STATE

Emergency Medical Services Program - Division of Health Sciences
Acknowledgement of Drug Screen Requirement

I understand that prior to participation in the clinical courses; I must submit to a drug screen conducted by a certified laboratory and provide a certified negative result from that screen to the Assistant dean of Health sciences. I further understand that if I fail to provide such a certified negative drug result I will be unable to participate in the clinical portion of the Gadsden State Community College Emergency Medical Services Program/Division of Health Sciences' Programs.

By signing this document, I am indicating that I have read, understand and voluntarily agree to the requirement to submit to a drug screen and to provide a certified negative drug result prior to participation in the clinical component of the Emergency Medical Services Program/Health Sciences' programs.

A copy of the signed and dated document will constitute my consent for the certified laboratory performing the drug screen to release the original results of any drug screen to Gadsden State Community College. I direct that the certified laboratory hereby release the results to Gadsden State Community College.

I further understand that my continued participation in Gadsden State Community College Emergency Medical Services Program/Division of Health Sciences' Program is conditioned upon satisfaction of the requirements of the Gadsden State Community College drug screen program.

Print Student Name

Date

Student Signature

Date

Witness

Date



Emergency Medical Services Program - Division of Health Sciences

Student Substance Abuse Policy

- I. Philosophy
- II. Purpose
- III. Licensure/Certification Implications
- IV. Drug Testing Schedule
 - A. Random
 - B. Preclinical
 - C. As Warranted
- V. Policy Guidelines
- VI. Testing Procedure
- VII. Confidentiality
- VIII. Penalties
- IX. Readmission
- X. Contractual Agreement To Substance Abuse Policy

Substance Abuse Policy

I. Philosophy

The Gadsden State Community College Division of Health Sciences believes that each student has a personal obligation to practice those health conscious behaviors intended to foster clear and rational decision-making as well as the ability to function in a safe and therapeutic manner throughout the various programs of study. The Division recognizes chemical dependence as a disease and believes that public safety requires regulation of behavior in addition to treatment for the disease.

II. Purpose

The Division of Health Sciences supports a policy wherein each individual providing patient care in a clinical setting or preparing educationally to become a care provider, adheres to high personal health standards. This includes, but is not limited to, the avoidance of mind/behavior altering substances. Therefore, the following policy has been adopted by the Division of Health Sciences.

III. Licensure/Certification Implications

The Division of Health Sciences recognizes that individual Programs have licensure/certification requirements which regulate professional and ethical behaviors. The abuse of, or addiction to, alcohol or other drugs may be a violation of these licensure/certification requirements.

IV. Drug Testing Schedule

Students must abide by the Substance Abuse Policy and any subsequent revisions to this policy in order to participate and/or continue in Gadsden State Community College Division of Health Sciences Programs. Students are subject to pre-clinical testing and random testing while enrolled. The following definitions will be used for describing testing:

Drug Testing Schedule, continued from page 1

- A. Random – Unannounced testing may occur at any time while the student is enrolled in a program of study within the Division of Health Sciences

- B. Preclinical – Scheduled testing will occur prior to the student's participating in any clinical courses; the student will receive no more than one day's notice prior to testing
- C. As Warranted – Unannounced testing may occur if the student exhibits behavior indicative of substance abuse which may include, but is not limited to, the following:
 - 1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug, such as, but not limited to, slurred speech, noticeable change in grooming habits, impaired physical coordination, inappropriate comments or behaviors, and/or pupillary changes;
 - 2. Abnormal conduct or erratic behavior, absenteeism, tardiness or deterioration in performance;
 - 3. A report of drug use provided by reliable and credible sources which has been independently corroborated;
 - 4. Evidence of tampering with a drug test;
 - 5. Information that the individual has caused or contributed to harm of self, visitors, other staff, or patients as a result of being under the influence of drugs as identified in Section IV, Paragraph C, Item 1.
 - 6. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs in the educational setting.

If a faculty member or clinical agency staff member observes such behavior, and if such behavior is observed or validated by another faculty member or clinical agency staff member, the student must be excused from the educational or patient setting immediately and either the Program Director or the Dean of the Division of Health Sciences contacted in order to review the situation. The Program Director or the Dean will then determine if there is "reasonable cause" to test the student for substance abuse.

If the decision is made to test the student, the Program Director or the Dean will make arrangements to have the testing performed immediately. If the incident occurs while at the clinical site, the student will be responsible for obtaining transportation to the designated lab for testing; the student will not be allowed to drive from the facility. The student will be requested to sign an informed consent to be tested before the specimen is collected. The student's failure to consent to the substance abuse test shall result in immediate termination from the Health Sciences Program in which he/she is enrolled.

V. Policy Guidelines

Students must abide by the Substance Abuse Policy and any subsequent revisions to the policy in order to participate and/or continue in Gadsden State Community College Health Sciences Division Programs. All students will receive notice of the drug testing guidelines prior to admission to any Program.

- A. Each Health Science Division Program will maintain on file a signed consent to drug testing from each student in their program.
- B. Drug testing will be scheduled and conducted by a designated laboratory determined by the College. The fee for testing is to be paid by the student.
- C. Any student failing to report for testing at the designated time will have 24 hours to comply.
- D. Failure to complete drug testing as required will prohibit the student from continuing in any Division of Health Sciences Program.
- E. Positive drug tests are confirmed by Gas Chromatography/Mass Spectrometry (GCMS).
- F. A student who is unable to complete a Program due to a positive drug screen may apply for readmission according to the criteria established in Section IX.

VI. Procedure

Procedures will be followed as per the laboratory guidelines.

The student will be informed of the test results by the Dean of the Division of Health Sciences within seven (7) days of testing.

If the student tests positive, the Dean of the Division of Health Sciences will review the results with the student and determine the need for confirmation by GCMS. If the positive results correlate with a prescribed drug, the student will be required to provide the Dean of the Division of Health Sciences with the actual prescription, amount taken daily, the time and amount of the last dose, and the reasons for the prescribed drug. Also, a physician will be requested to review the level of the drug present in the student's system to determine if the level is abusive. Additionally, the student will be required to sign a release statement authorizing the prescribing physician to indicate the illness for which the drug was prescribed, the length of time the student will have to take the drug, and other relevant information.

VII. Confidentiality

The Dean of the Division of Health Sciences will receive all test results which will be maintained in a locked file in his/hers office. Confidentiality of test results will be maintained with only the Dean of the Division of Health Sciences and the student having access to test results except by order of a court of law of competent jurisdiction.

VIII. Penalties

The penalty for alcohol and/or drug use is identified in the Gadsden State Community College Catalog and Student Handbook and is applicable to students enrolled in a Division of Health Sciences Program.

IX. Readmission

Consideration for readmission will be at the discretion of the Dean of Health Sciences, but at a minimum student who withdraws from a Division of Health Sciences Program due to a positive drug screen must:

- A. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program.
- B. Submit to an unannounced drug test at the student's expense prior to readmission; a positive test will result in ineligibility for readmission.

X. Contractual Agreement to Substance Abuse Policy

All students enrolled in Division of Health Sciences Programs are required to sign the attached agreement indicating they have been informed of the Substance Abuse Policy.



GADSDEN STATE

Substance Abuse Policy Agreement Form

I have read, understand, and agree to follow the Division of Health Sciences' Substance Abuse Policy. I understand that participation in any Division of Health Sciences Program requires that I must submit to a drug test prior to participation in clinical courses and that I may be tested at any time during my enrollment in such programs. I understand that I must submit to a drug test at a laboratory determined by the College and have a certified negative result from that test. I further understand that if I fail to provide such a certified negative drug test result, I will be unable to participate in Gadsden State Community College's Division of Health Sciences Programs.

I hereby release the designated medical laboratory and it's director, Gadsden State Community College and faculty of the Division of Health Sciences Programs from any claim in connection with the Substance Abuse Policy. I understand that by order of a court of law of competent jurisdiction that confidentiality can no longer be maintained.

A copy of this signed and dated document will constitute my consent for the certified laboratory performing the drug test to release the original results of any drug test to Gadsden State Community College.

Student Signature

Date

Witness

Date



**Emergency Medical Services Program
Release of PHI to Clinical Agencies**

I, _____, give Gadsden State Community College permission to release my personal information, including information regarded as Protected Health Information (PHI) under HIPAA. This will be done electronically and physically for the purpose of verifying any and all clinical requirements to the clinical agencies I will attend to fulfill the clinical requirements of the Alabama Community College System (ACCS).

Information to be released will include but is not limited to:

- Physical exam
- Vaccination and titer results
- CPR certification
- Proof of health insurance
- Professional liability insurance
- Drug screen results
- Criminal background check results
- Address, contact information
- Grades and class performance records
- Program disciplinary records

Student Print Name _____

Student Signature _____ Date _____

Witness Print Name _____

Witness Signature _____ Date _____



GADSDEN STATE

Further Information Required

Make copies of the following information and have ready to upload to FSDAP:

Copy of current CPR card for Healthcare Provider (front and back).

Copy of your Driver's License (front and back).

Copy of your Health Insurance Card (front and back) or purchase a policy and attach the receipt here. You must have health insurance coverage every semester. If your health insurance card is not in your name, you will need to provide a Certificate of Credible Coverage from the insurance company.

Copy of your malpractice insurance receipt (must be paid every semester). You can purchase malpractice insurance from the Business Office. Use code "FM08". Cost will be \$25.00.

For Advanced EMT students: copy of your current state EMT license.

For Paramedic 1st Semester students: copy of your current state EMT or Advanced EMT license.

Student Physical Exam and Information Packet (pages 15-20)

Procedure for completing the Student Physical Exam and Information Packet:

Call your doctor and request an appointment to do an EMS physical.

Take pages 15-20 to your physician to fill out after the physical exam.

Take all of your immunization records and a copy of your photo ID with you to your appointment at the doctor's office.

As you complete the physical and the required titers, upload these documents to FSDAP. All documents will need to be approved prior to any clinical rotations.

Questions? Please call the EMS office at 256-549-8647.



EMERGENCY MEDICAL SERVICES

Student Physical Exam and Information

Thank you for taking care of our prospective student for the Gadsden State Community College EMS Program. This physical exam covers the medical requirements of our affiliated clinical sites. If you have any questions please call us at the number listed below.

**John Hollingsworth MS, NRP
Emergency Medical Services Program Director
Gadsden State Community College
256-549-8689**

GADSDEN STATE COMMUNITY COLLEGE



Please see below for an explanation of the titers and tests required for each student.

Item	Documentation Required	Valid For
Physical Examination	A physical examination must be completed and signed by a physician, physician's assistant, or a nurse practitioner. Physical is current for one year from date signed and must be current through the entire term for which student is registering or the exam will need to be repeated.	1 year
Essential Functions	The Essential Functions form must be signed by student <u>and reviewed by the physician completing your exam.</u>	1 year
Varicella (Chicken Pox)	Documentation of immunization and lab data indicating adequate immunity within the last 2 years (positive titer results). If lab data indicates that you are not immune, you must repeat the immunization.	2 years
Measles * (Rubeola)	Documentation of <u>two</u> doses of live measles virus vaccine (part of MMR) on or after first birthday. You must have lab data indicating adequate immunity within the past 2 years (positive titer. If lab data indicates that you are not immune, you must repeat immunizations	2 years
Mumps *	Documentation of two immunizations with live mumps vaccine (part of MMR or MR vaccine) on or after first birthday. You must have lab data indicating adequate immunity (positive titer). If lab data indicates that you are not immune, you must repeat immunizations	2 years
Rubella *	Documentation of two Rubella immunizations (part of MMR or MR vaccines) on or after first birthday. You must have lab data indicating adequate immunity (positive titer). If lab data indicates that you are not immune, you must repeat immunizations.	2 years
TDAP	Documentation of immunization within last 5 years.	5 years
Hepatitis B	Documentation of first of series of 3 immunizations and a titer current within 2 years is required. Those who are in the process of receiving the immunizations must bring proof to the Tyler Center. Waiver is available for those <u>unable</u> to receive the vaccine (see Health Sciences Department for waiver).	2 years
PPD or Tuberculosis (Tb Skin Test)	Documentation of 2-step TB skin test is required. Negative chest x-ray is acceptable for those unable to take the TB skin test. Results cannot be older than one (1) year.	1 year
Influenza	Must have influenza vaccine for Fall and Spring Semesters.	1 season
* Please note: If you require the MMR immunization, you should not be pregnant nor should you become pregnant for three months after receiving the vaccine.		
IMPORTANT: Bring all documentation with you to the doctor's office on the day of your physical. You do not need to present these items to the EMS program as the doctor will provide you with proof of medical clearance. All titers must be current within two years.		

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable/transferable disease or illnesses. The College will provide instruction regarding safe health care practices when caring for patients with communicable/transferable conditions. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this publication. I understand that my personal protection against communicable/transferable conditions is my responsibility.

Print Student Name _____

Student Signature _____

Date _____

GADSDEN STATE

EMS Student Health Form

Name: _____ G#: _____
Date of Birth: _____ Age: _____ Gender: _____
Allergies (Describe agent and reaction): _____
Currently Pregnant: ____ Yes ____ No
Emergency Contact: Name: _____ Phone: _____

To the Physician: Please complete the following information based on clinical findings and knowledge of the student's past medical history.

Height: _____ Weight: _____
Vision: 20/____ OS 20/____ OD Corrected by: ____ Glasses ____ Contact lens
Temp: _____ Pulse: _____ Resp: _____ BP: _____ / _____

Physical Examination (Notes):

HEENT: _____
RESP: _____
NEURO: _____
CARDIO: _____
ABD: _____
GU: _____

Please state any significant medical history or limitations for this student:

Does the student have, at a minimum, vision in one eye corrected to 20/20?	YES NO
Does the student have visual ability to include color perception?	YES NO
Does the student have the ability to send and receive verbal messages?	YES NO
Does the student meet the "Essential Functions" of the program? (See next page).	YES NO

Student	
Date of Birth	

TB STATUS

PPD: TB Skin Testing				Chest X-Ray		
	1	2	3	Date	Results	Note
Date given						
Date Read						
MM Reaction				Blood Test: TB (TSpot)		
Status				Date	Results	Note

VACCINES

Date	Type	Health Care Provider Note	Note
	MMR		Required if NOT immune to one of components.
	Varicella		Required if NOT immune.
	Flu		Required seasonally.
	TDaP		Required every 5 years.

TITERS: DISEASE IMMUNITY STATUS

Date	Type	Result	Immune	Susceptible
	Varicella Titer			
	Mumps titer			
	Rubella Titer			
	Measles - Rubeola Titer			

Hepatitis B			Hepatitis Titer			
	Date		Date	Type	Result	Susceptible
Dose 1						
Dose 2						
Dose 3						

Notes:

ESSENTIAL FUNCTIONS FOR EMERGENCY MEDICAL SERVICES PROGRAM

As a student entering and participating in the Emergency Medical Services Program (EMT/Advanced EMT /Paramedic) you must:

PHYSICAL DEMANDS

- (1) Have the physical ability to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain;
- (2) Have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance):
- (3) See different color spectrums;
- (4) Have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation, and medications;

PROBLEM SOLVING ABILITIES (Data Collection, Judgment, Reasoning)

- (5) Be able to send and receive verbal messages as well as operate appropriate communication equipment of current technology;
- (6) Be able to collect facts and to organize data accurately, communicate clearly both orally and in writing in the English language at the ninth-grade reading level or higher;
- (7) Be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory, and tactile observations;
- (8) Be able to make good judgment decisions and exhibit problem-solving skills under stressful situations;
- (9) Be attentive to detail and be aware of standards and rules that govern practice;
- (10) Implement therapies based on mathematical calculations;

WORK CHARACTERISTICS

- (11) Possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates;
- (12) Be able to handle stress and work well as part of a team;
- (13) Be oriented to reality and not be mentally impaired by mind-altering substances;
- (14) Not be addicted to drugs or alcohol;
- (15) Be able to work shifts of 24 hours in length;
- (16) Be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes, and noise; and
- (17) Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map; and students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license, and must be able to safely and competently operate a motor vehicle in accordance with State Law.



Statement and Signature by Student

I hereby certify that all preceding statements are true to my knowledge and I have no abnormality, limitation or restriction not mentioned in this record. I certify that I have read and understand the "Essential functions" of the EMS Program and I am in compliance with each of them or I have attached written documentation for the physician completing my physical examination for review of those essential functions of which I am not in compliance. I agree to notify the EMS Program of any change that occurs in my physical or mental health, or in my health insurance, either prior to my registration or while I am a student at Gadsden State community College. I understand that I am required to have a physical examination completed at intervals not to exceed 12-months while I am a student in the EMS Program. For the purpose of determining eligibility for my educational experience, I hereby give my permission for the EMS Program to contact the physician who completed this form. I understand that additional medical examinations and specific release from my physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability) if deemed necessary for the program to evaluate my state of health. I authorize this completed form to be duplicated for a clinical agency upon request.

Signature of Student

Date

Students Name (Please Print)

Statement and Signature by Physician

I certify that of this date, I have examined _____ and found this person to be physically, mentally, and emotionally able to carry out the essential functions as assigned in the attached paperwork.

Signature of Physician

Date

Physicians Name (Please Print)

Healthcare Provider Address: (please print or use stamp)

