

Health Care Provider's Certification of New Student's Health

INSTRUCTIONS FOR PROVIDERS:

The person bearing this form has been extended an offer of admission to one of the following programs at Red Rocks Community College:

Emergency Medical Technician-Basic
IV Training for EMT-Bs

To matriculate in the program, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well being of patients or other students, or prevent him/her from performing the physical tasks of emergency medical care.

Generally, the following tasks are required:

- Ability to be fitted with a respirator mask in case of continued exposure to an airborne pathogen;
- Ability to lift, carry and balance heavy loads;
- Ability to interpret written and oral instructions, calculate weight and volumes ratios, and read small print, all under threatening time constraints;
- Ability to use good judgment and remain calm in high stress situations;
- Ability to work effectively in an environment with loud noises and flashing lights;
- Ability to function efficiently throughout an entire work shift;
- Good manual dexterity, with ability to perform tasks related to patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

At the expense of the student, please interview and examine this prospective student, and complete the form below. In the event that you feel the student does have a health condition which could endanger the health or well being of patients, faculty or students, please discuss that condition with the student and instruct the student to call the Red Rocks Community College Emergency Medical Services program director at 303-914-6441 for further instructions.

*You are welcome to call the Program Director
with any questions at 303-914-6441.*

**Please complete and sign the back of this sheet.
Thank you!**

STATEMENT OF HEALTH CARE PROVIDER

Name of patient: _____

SSN: _____

I understand that the above-named patient has been tentatively extended an offer of admission to Emergency Medical Services training program.

Following an appropriate history and physical examination, it is my opinion that the above-named patient:

___ Does not have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

___ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

ADDITIONAL REQUIREMENTS

Please also provide proof of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination

Date of illness or vaccination: _____

2. Tetanus

Date of last vaccination or booster: _____

(Must be within the last 10 years)

3. MMR

Date of last vaccination or booster: _____

4. Tuberculosis Testing (PPD only acceptable test)

Date Tested: _____ Date Read: _____ Positive/Negative (circle one)

If **positive**, date re-tested: _____ Date Read: _____ Positive/Negative (circle one)

If **positive**, date of Chest X-Ray: _____

If **positive**, start date/end date of treatment: _____

5. Hepatitis B Vaccine (3-shot series)

Date 1st vaccine received _____ Titer Date (if applicable): _____

Date 2nd vaccine received _____ Results: _____

Date 3rd vaccine received _____

Signature of provider

Date

Printed name of provider

Degree: MD, DO, PA, NP

Telephone number