RED ROCKS COMMUNITY COLLEGE

Emergency Medical Science

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
- Emergency Medical Technician IV/IO Authorization
- Advanced Emergency Medical Technician
- Pre-Paramedic

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 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 303-914-6552 for further instructions.

This form is valid for 12 calendar months.

You are welcome to call the Department Chair with any questions at 303-914-6552. Please complete and sign the back of this sheet.

Thank you

Statement of HealthCare Provider

NAME OF PATIENT:_____ Date: _____

I understand 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 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 student themselves.

___ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the student themselves.

Additional Requirements:

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or varicella vaccination Dates of illness or vaccination: 1) _____ 2) _____
2. Tetanus Date of last vaccination or booster: _____
3. MMR Date of last vaccination or booster: _____
4. Tuberculosis Testing (less than one year old)

   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: _____

5. Hepatitis B Vaccine (3-shot series)

   Date 1st vaccine received _____ Titer Date (if applicable): _____
   Date 2nd vaccine received _____ Results: _____
   Date 3rd vaccine received _____

6. COVID-19 Vaccine

   Date 1st vaccine received _____ Titer Date (if applicable): _____
   Date 2nd vaccine received _____ Results: _____

7. Seasonal Influenza Vaccine Date of vaccination: _____

_____ _____
Signature of provider *Date*

_____ _____
Printed name and Professional Degree of provider *Telephone number*