

## Skyline College EMC 410 Health Form

To Be Completed by Student.

Name:	Birthdate:			
Student G#:	Phone Number:			
Email:				
Medical History: □ Asthma □ Diabete	s □ Hypertension □ Seizure			
□ Other:				
Medications:				
	Emergency Contacts			
Name:	Relationship to Student:			
Phone Number:	_ Email:			
Name:	_ Relationship to Student:			
Phone Number:	Email:			



## Skyline College EMC 410 Health Form

To Be Completed by a licensed Medical Professional.

Height:	Weight:	Bloo	d Pressure: _	Pulse:							
Respirations: Temperature: F/C.											
Vision: OD OS Corrected? ☐ Yes ☐ No  Hearing: ☐ Normal ☐ Abnormal (explain)  Is this individual capable of performing the duties required for the EMC 410 EMT Training Program? Duties expected of them:											
						<ul> <li>Lifting &amp; Moving of Equipment up to 40 lbs.,</li> <li>Lifting &amp; Moving of Classmates of various weights</li> <li>Performing Cardiopulmonary Resuscitation (CPR)</li> <li>Interventions that may require standing, kneeling, or bending for extended periods of time.</li> </ul>					
								□ YES	□ NO		
Additional Rema	arks:										
			<del> </del>								
Medical Examin	er's Name:			Signature:							
Date: License #:											
Office Address:		<del>-</del>									
Or Office Stamp fo	r Authorization.										



## Skyline College EMC 410 Health Form

Please attach the following record of immunizations

- Proof of Freedom of Tuberculosis (Within 6 months of cohort)
  - Accepted Methods
    - PPD Skin Test (Please note if positive, a negative chest X-ray is required)
    - QuantiFERON
- Current Flu Vaccine (If applicable for the season)
- Varicella
- Measles, Mumps, Rubella
- TDAP
- Hepatitis B
- Covid-19 (Most recent booster or recommended vaccination)
  - While not required for application, Skyline College's EMC 410 Program, its affiliates, and contracted agencies strongly recommend that students maintain up-to-date COVID-19 immunizations. Failure to follow this recommendation may increase the risk of contracting COVID-19, which can lead to severe illness.
  - https://www.smchealth.org/respiratory-diseases

Please also note that a negative drug test and background check are required. Records may be requested by our clinical sites and are stored securely in our online compliance database. These records are used solely for clinical placement and compliance purposes.

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