

Los Medanos College
Emergency Medical Technician (EMT) Program

Physical Clearance Form

Student Name _____
Date of Birth _____ SSN _____
Driver License# _____ State _____

(Do not write below this line. For Physician Use Only)

Note to Physician: The purpose of this form is to verify that this student is physically capable of meeting the demands of our program without compromising their health or safety. The student will be participating in:

- (1) An observation-only clinical shift in an emergency room where they will be standing on their feet for approximately 8 hours.
- (2) Two observation-only ride-along shifts on an ambulance for approximately 12 hours each where the student will be required to climb in and out of the back of the ambulance, as well as, ride in the back of the ambulance for the duration of the shift.
- (3) Participate in lecture and manipulative skills laboratory sessions each class day that requires the student to;
 - bend, kneel, and/or squat on the ground
 - lift equipment and/or other students ranging in weight from 5-60kg (students will have assistance lifting additional weight)
 - sit in a chair for extended periods of time (ranging from 45 minutes to an hour and a half)

Date of Exam _____

I have examined _____ (*student's name*) and have not found any disqualifying physical disabilities or limitations which would contraindicate their ability to fully participate within all of the specifications and activities listed above.

Signed,

_____ (*Physician Signature*)

Please include your office stamp in the box

(Invalid without office stamp)