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×	×	×
×	×	×

Green	Ronald	J
xxx xx xxxx		xx xx xxxx
6139 Johnson Rd	Flushing	MI 48433
810 845-1622	810 845-1622	ron.green@ascension.org

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×	×
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×	×
× Yes	
×	×
×	×
Genesys EMS Education	
×	×
Genesys EMS Education	
×	×

Genesys EMS Education

EMT	3251232	MI
Paramedic	3215232	MI

It was not my fault

It was not my fault

September 1, 2021

Ascension Genesys Hospital

Application for EMS Program

HEALTH HISTORY AND PHYSICAL EXAMINATION

Instruction for Provider:

Student Name: Ronald Green

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

Generally, as an EMS provider the following tasks are performed:

- Ability to lift, carry and balance heavy loads
- Good manual dexterity with ability to perform tasks related to patient care.
- Ability to maneuver, bend, stoop and crawl on uneven terrain.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Ability to interpret written and oral instructions as well as read small print, all during potentially stressful scenarios.
- Ability to use good judgement and remain calm during potentially stressful scenarios.
- Ability to work effectively in an environment with loud noises and flashing lights
- Ability to work in low-light, confined spaces and other potentially dangerous or high stress environments.

At the expense of the student, please interview and examine this prospective student and complete the following form(s). In the event that you feel that the students **does** have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students, please discuss that condition with the student.

PROVIDER ATTESTATION

I understand that the above-named student has been extended an offer of admission into the Ascension Genesys Hospital Emergency Medical Services education program.

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

☐ **DOES NOT** have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students

☐ **DOES** appear to have a health condition which could endanger the health or well-being of themselves, patients, faculty and/or other students.

PROVIDER SIGNATURE

I certify that all the information I have entered on this form is factual based on my professional opinion formed after completing an assessment of the above-named student on the date listed. I also understand that conditions may change and I am in no way held liable for any conditions that present themselves after the listed date.

Provider Signature: _____ Date: _____

Provider Printed Name: _____ License/Credential (Circle one): MD, DO, PA, NP

Ascension Genesys Hospital

Application for EMS Program

IMMUNIZATION RECORDS

Student Name: Ronald Green

Immunization Record:

Please complete the following form or attach a supplemental form outlining vaccination history of the below requirements showing proof of at least: **Required:** MMR (*with booster*), Hepatitis B *(3 shot series)*, TDAP/TD, Current Influenza Vaccination *(not dated more than 12 months prior),* Covid-19 Vaccine, and a negative TB test *(not dated more than 12 months prior).*

History of Vaccinations Given By Series							
Vaccine Series	**Date #1**	**Date #2**	**Date #3**	**Date #4**	**Date #5**	**Date #6**	**Date #7**
Required:							
DTP/DTaP/DT/Td/Tdap							
MMR							
Hepatitis B							
Influenza Vaccine							
Optional:							
Polio							
Hepatitis A							
Varicella							
Meningococcal Conjugate							
HPV							
Meningococcal NOS							
Hib							
Other (not listed)							

TB Test (Required):

Please attach documentation of test results

Advanced Provider Initials: _____

Date: _____