

## EMERGENCY MEDICAL SERVICES

### HEALTH RECORDS POLICY

Validation and documentation of required health records must be received by all students enrolled in an allied health program. **Students who fail to submit required records will not be allowed to continue in the program.** *If you have questions concerning this process, contact Tomi Sherlock at 334-556-2388.*

All students are required to have a physical examination at the student's expense. The physical examination / health requirements protect the student by identifying any potential or real health problems that may be exacerbated by the demands of the clinical portion of the program.

Health professions are strenuous, both physically and psychologically. The student's ability to handle these demands must be established. It is also imperative that students do not expose clients or agency personnel to communicable disease, or risk their safety due to the inability to handle the physical or psychological stress of client care.

**NOTE:** Updates to health records such as TB or CPR may be required while a student is enrolled in the program. **Any updates will be due at the beginning of the semester in which they expire.** *For example, a TB skin test is required annually. If it expires in March of the spring semester, the update will be due no later than the first week of class, in January.*

The following are required for ALL students:

1. **PHYSICAL EXAMINATION** – A **physical examination**, completed within the past year, is required for all new students. The physical must be signed by a licensed physician or nurse practitioner. The examination must be documented on the Program's **standardized health examination form** as required by The Alabama Community College System. New students and any student returning to an allied health program after an absence of one (1) year must submit current completed health forms.
2. **IMMUNIZATIONS / TITERS** – It is the STUDENT'S RESPONSIBILITY to keep all health records current. **Documentation of any required updates should be submitted to the allied health secretary as soon as possible.** The following are required:

#### **Tetanus (Tdap) Vaccine**

Students entering an allied health program must provide documentation of an adult **Tdap vaccine** (tetanus, diphtheria, and pertussis). If the documented Tdap vaccine is over ten (10) years old, documentation of a Td (tetanus and diphtheria) or Tdap booster that is less than ten (10) years old is also required. An update is required every ten (10) years.

#### **TB Skin Test**

A **two-step** TB Skin Test is required at the beginning of the program. This consists of one test followed by a second test 7-21 days later. The results cannot be more than four (4) weeks apart.

An annual one-step TB Skin Test is required each following year and is YOUR RESPONSIBILITY to provide to the allied health secretary when due.

If you have had a positive TB result, submit proof of that result as well as proof of a clear chest x-ray.

### **MMRV Titer**

**A MMRV - Measles, Mumps, Rubella (German Measles), and Varicella (Chicken Pox) titer is required to enter an allied health program.**

If any results are negative or non-immune, the student must sign the *MMRV Waiver Form* and submit it with the negative or non-immune results. The student is advised to consult with a physician regarding precautions to prevent infection. Results must be within the past five (5) years.

### **Hepatitis B**

**A Hepatitis B titer is required to enter an allied health program.** If the results are negative or non-immune, the student must sign the *Hepatitis B Waiver Form* to be submitted with these results. The student is advised to consult with a physician regarding precautions to prevent infection. Results must be within the past five (5) years.

3. CONTINUING HEALTH STATUS – It is a **STUDENT’S RESPONSIBILITY** to notify the program faculty of any changes in his/her health status, i.e. pregnancy, surgery, injuries, etc. Additional examinations from a health care provider, with documentation of results, may be required by an instructor for any changes in a student’s health status.
4. PROFESSIONAL LIABILITY INSURANCE – Students in an allied health program are required to purchase professional liability insurance (malpractice insurance) through the College, each semester they enroll in an allied health course. This fee is added to your course registration as **NUR000** and is to be paid at registration each applicable semester.
5. HEALTH INSURANCE – Wallace Community College and the allied health programs do not provide health insurance coverage for students. Students are responsible for costs incurred as a result of an accident/injury in the clinical or college laboratory. This may include follow-up testing and/or treatment mandated by the program/clinical agency. Students are not entitled to any Workmen’s Compensation benefits from agencies. Health insurance coverage is strongly recommended.

**Wallace Community College – Emergency Medical Services  
STUDENT INFORMATION / CHECKLIST**

Before beginning any EMS Program course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of documentation by a medical professional. Turn in all health record documentation to EMS Program Personnel on the Wallace Campus in Dothan by the required deadline. **Include this form with your health records.**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

ITEM	DOCUMENTATION REQUIRED	<input checked="" type="checkbox"/>
<b>Essential Functions / Physician's Statement</b>	The <i>Essential Functions / Physician's Statement Form</i> must be signed by the student and signed by a <b>physician, physician's assistant, or a nurse practitioner. Attach completed form.</b>	
<b>Health Record Form</b>	The <i>Health Record Form</i> must be completed and signed by a <b>physician, physician's assistant, or a nurse practitioner. Attach completed form.</b>	
<b>Tetanus (Tdap) Vaccine</b>	Documentation of an adult Tdap vaccine. Any Tdap older than ten (10) years must also be followed by documentation of a Tetanus booster (Td or Tdap) that is less than ten (10) years old. <b>Attach medical documentation.</b>	
<b>PPD or Tuberculosis (TB Skin Test)</b>	Documentation of a <u>two-step</u> TB skin test, consisting of one test followed by a <u>second test 7-21 days later</u> . The <u>results cannot be more than four (4) weeks apart</u> . TB skin tests are good for a period of one (1) year from the administration date. An annual one-step TB skin test will be required thereafter. <b>Attach medical documentation.</b> <b>OR</b> Students who have tested positive for TB in the past or who are unable to receive the TB skin test must submit narrative documentation with a clear chest x-ray. Completion of an annual <i>Tuberculosis Questionnaire</i> will also be required. <b>Attach medical documentation.</b>	
<b>MMRV Titers</b>	Documentation of <u>titer</u> results for MMRV – Measles (Rubeola), Mumps, Rubella (German Measles), and Varicella (Chicken Pox). If results are non-immune (negative) or equivocal, the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Measles, Mumps, Rubella, Varicella Release / Waiver Form</i> . <b>Attach lab data report.</b>	
<b>Hepatitis B Titer</b>	Documentation of <u>titer</u> results for Hepatitis B. Results must be within the past twenty (20) years. If results are non-immune (negative), the student is instructed to seek the advice of a medical provider for recommended follow-up and must sign a <i>Hepatitis B Vaccination Release / Waiver Form</i> . <b>Attach lab data report.</b>	
<b>CPR</b>	Documentation of current CPR certification by the American Heart Association Basic Life Support (BLS) for Health Care Providers (CPR/AED) or American Red Cross CPR for Professional Rescuer. <b>Attach a copy of card / certificate</b> <b>OR</b> Students who need CPR certification can enroll in EMS 100 (Cardio Resuscitation). <b>Attach a copy of course registration.</b>	
<b>Release Form</b>	Read and sign the <i>Release of Clinical Information</i> form. <b>Attach completed form.</b>	
<p><b>IMPORTANT: You must attach legible copies of all required documentation. Copies will not be made for you by Program personnel.</b> It is a <u>student's responsibility</u> to maintain a personal file with all health records. Once submitted to the Program, no records will be released back to students. There is a student copier available in the Learning Resource Center.</p>		

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Wallace Community College – Emergency Medical Services

## HEALTH RECORD FORM

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
 (Please Print)

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**INSTRUCTIONS:** A **physician, nurse practitioner, or physician’s assistant** must complete and sign this form. Copies documenting Tdap vaccination (and booster if applicable), TB and/or chest x-ray with medical proof, and MMRV and Hep B lab results must accompany this form when submitted to EMS Program personnel.

Requirements	
<b>Tdap Vaccine</b> (tetanus, diphtheria, pertussis) <i>All students must have a documented Tdap vaccine.</i>	<b>Date Administered:</b> ____ - ____ - ____
<b>Td or Tdap Booster</b> <i>Only applicable if above Tdap vaccine is older than ten (10) years. Adult Tdap must be followed by Td booster every ten years thereafter.</i>	<b>Date Administered:</b> ____ - ____ - ____ <b>OR</b> <b>Not Applicable</b> _____ (physician’s initials)
<b>MMRV Titers</b> <i>Titer results are required. Vaccination records will not be accepted in place of titer results</i>	<b>Date(s) Drawn / Results:</b> <b>Measles</b> ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal <b>Mumps</b> ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal <b>Rubella</b> ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal <b>Varicella</b> ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune <input type="checkbox"/> Equivocal
<b>Hepatitis B Titer</b> <i>Titer results are required. Vaccination records will not be accepted in place of titer results.</i>	<b>Date Drawn / Results:</b> ____ - ____ - ____ / <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
<b>2-step TB Skin Test or Chest X-ray</b> <i>Results from the two-step TB skin tests cannot be more than four (4) weeks apart. Results are valid for one year. A one-step TB update will be required thereafter.</i>  <b>Students who have tested positive for TB or who are unable to receive the TB skin test must submit <u>narrative</u> documentation of a clear chest x-ray.</b>	<b>1<sup>st</sup> Step</b> Date Administered: ____ - ____ - ____    Date Read: ____ - ____ - ____ Result: ____ mm of induration    Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>2<sup>nd</sup> Step</b> Date Administered: ____ - ____ - ____    Date Read: ____ - ____ - ____ Result: ____ mm of induration    Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <b>OR</b> _____ <b>Chest X-Ray</b> Date of CXR: ____ - ____ - ____ / Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

**Healthcare Provider Signature Required:** I have reviewed this student’s immunization status and have made recommendations regarding any follow-up related to safe practice as a health care provider.

\_\_\_\_\_  
 Physician, PA, or NP (Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contact Number

\_\_\_\_\_  
 Physician, PA, or NP (Printed)

\_\_\_\_\_  
 Address

ESSENTIAL FUNCTIONS FORM  
Wallace Community College

**Emergency Medical Services**

The Alabama Community College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective respiratory therapist care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the emergency medical services program with or without reasonable accommodations. The emergency medical services program and/or its affiliated clinical agencies may identify additional essential functions. The emergency medical services program reserves the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the emergency medical services program one must possess a functional level of ability to perform the duties required of an EMT. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary for the emergency medical services program. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations provided will be determined and applied to the respective emergency medical services program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for emergency medical services program admission, progression and graduation and for the provision of safe and effective emergency medical services care. The essential functions include but are not limited to the ability to:

**Program Essential Functions:**

Due no later than, \_\_\_\_\_

**EMERGENCY MEDICAL SERVICES**

**Essential Functions:**

Due to the requirements of the State of Alabama for EMS Licensure, no student will be admitted to any Wallace Community College Emergency Medical Services course who cannot meet the essential functions. The EMS student must:

1. have the physical agility to walk, climb, crawl, bend, push, pull, or lift and balance over less than ideal terrain;
2. have good physical stamina, endurance, which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance);
3. see different color spectrums;
4. have good eye-hand coordination and manual dexterity to manipulate equipment, instrumentation and medications;
5. be able to send and receive verbal messages as well as operate appropriately the communication equipment of current technology;
6. be able to collect facts and to organize data accurately, to communicate clearly both orally and in writing in the English language (at the ninth grade reading level or higher)
7. be able to make good judgment decisions and exhibit problem solving skills under stressful situations;
8. be able to make good judgment decisions and exhibit problem solving skills under stressful situation;
9. be attentive to detail and be aware of standards and rules that govern practice; and
10. implement therapies based upon mathematical calculation (at the ninth grade level or higher);
11. possess emotional stability to be able to perform duties in life-or-death situations and in potentially dangerous social situations, including responding to calls in districts known to have high crime rates;
12. be able to handle stress and work well as part of a team;
13. be oriented to reality and not be mentally impaired by mind altering substances;
14. not be addicted to drugs or alcohol;
15. be able to work shifts of 24 hours in length;
16. be able to tolerate being exposed to extremes in the environment including variable aspects of weather, hazardous fumes, and noise, and
17. possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions, according to a map; and students who desire to drive an ambulance must possess approximately 180 degrees peripheral vision capacity, must possess a valid Alabama driver's license (if a resident of another state is employed in Alabama); and must be able to safely and competently operate a motor vehicle in accordance with state law

**PHYSICIAN STATEMENT**

I attest to the individual's ability to perform duties required above, including mental and physical fitness for duty as an Emergency Medical Services student.

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Physician, PA, or Nurse Practitioner (Signature)

Date

Contact Number

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Physician, PA, or Nurse Practitioner (Printed)

Address

**Wallace Community College  
Emergency Medical Services**

**HEALTH RECORD AND  
STATEMENT OF ESSENTIAL FUNCTIONS  
SIGNATURE PAGE**

**STUDENT STATEMENT**

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge, I have the ability to perform these functions. I understand that a further evaluation of my abilities may be required and conducted by the Emergency Medical Services faculty, if deemed necessary, to evaluate my ability prior to admission to the program and for retention and progression through the program.

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Student Signature

Date

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Student's Name (Printed)

**PHYSICIAN STATEMENT**

Based upon my assessment and evaluation, this person's mental and physical health

is \_\_\_\_\_ is not \_\_\_\_\_

sufficient to perform the classroom, laboratory, and clinical duties of a Emergency Medical Services student.

*If person is not mentally or physically sufficient to perform, please explain. (Attach additional sheet if necessary)*

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Physician, PA, or Nurse Practitioner (Signature)

Date

Contact Number

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Physician, PA, or Nurse Practitioner (Printed)

Address

**Effective 04/12**

WALLACE COMMUNITY COLLEGE

**Emergency Medical Services**

RELEASE OF CLINICAL INFORMATION

I give Wallace Community College permission to release copies of my personal clinical/program documentation to clinical agencies as required by contractual agreements. These records will only be released to Human Resources or such centrally governed departments and include, **but are NOT limited to:** immunizations, TB skin tests, titer results, CPR, substance abuse screens, background checks, essential functions/physician's statement, and clinical agency training acknowledgements and verifications.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Health Program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
WCC Student ID #

\_\_\_\_\_  
Date