



HEALTH RECORD

PAR

EMS PARAMEDIC TECHNICAL ABILITY STANDARDS

Students matriculating in and graduating from a Parkland College Health Career program must be able to meet the technical requirements of the academic program and must not pose a threat to the well-being of patients, other students, staff, or themselves.

As an incoming student, you must be able to perform the following skills and abilities:

1. Sufficient strength and motor coordination to stand and walk for sustained periods of time.
2. Sufficient strength and motor coordination to stand, carry, and balance on uneven terrain.
3. Sufficient strength and motor coordination to perform the following physical activities: manual dexterity in handling and lifting equipment, often in confined spaces; frequently moving, lifting, and transferring patients; and performing CPR.
4. Sufficient hearing to assess patient needs and to understand instructions, emergency signals, and telephone conversation.
5. Sufficient visual acuity to observe patients, manipulate equipment, and interpret data; visual acuity sufficient to ensure a safe environment, identify color changes, read fine print/writing, and calculate fine calibrations.
6. Sufficient verbal ability to express and exchange information and ideas and to interact with patients, family members, physicians, peers, and other ancillary medical personnel, sometimes under highly stressful circumstances.
7. Ability to work with frequent interruptions, to respond appropriately in emergencies or unexpected situations, and to cope with extreme variations in workload and stress levels.
8. Mental health status to cope with personal stresses in a way that does not adversely affect performance, such as mood changes, lack of concentration, anxiety reactions, or distraction.

If you have concerns that you do not meet these standards, please call the Wellness Coordinator at 217/373-3879 to discuss this matter.

EMS: PARAMEDIC

Name (print — last, first, middle)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Local street address		
City	Zip code	Telephone
Social Security No.		Birth date

HEALTHCARE PROVIDER CPR

Expires on _____

Expires on _____

CONSENT FOR RELEASE OF INFORMATION

I give my consent for this health record to be reviewed by the program director and released to clinical agencies for compliance audits.

Student's Signature _____

Date _____

I, as the current supervisor of the student named above, confirm that the above-named student has on file documentation to confirm immunity to measles (Rubeola), mumps, rubella (German measles), tetanus, and hepatitis B. I also confirm that TB testing has been done to confirm that this student is free of active tuberculosis.

Printed Name _____

Signature _____

Date _____

Agency _____

Phone _____

Address _____

City _____

RETURN COMPLETED FORM TO:

Wellness Coordinator, Parkland College, Room L234, 2400 West Bradley Avenue, Champaign Illinois 61821-1899