



Emergency Medical Services EMT Intermediate Program Checklist

All students need a provider background check along with a medical exam which includes specific requirements needed to participate in the clinical environments of hospital emergency rooms. MATC utilizes the company Certified Profile (www.certifiedbackground.com), an online service to assist the student to complete and store all necessary requirements for this class.

* **The cost of the criminal background check, drug testing, health examination and immunizations are your responsibility. You may be able to obtain health care services at your local Health Department.**

Caregiver Background Check

The first step in the process is to complete a caregiver background check through Certified Profile. Follow directions from Certified Background on "**STUDENT INSTRUCTIONS FOR MILWAUKEE AREA TECHNICAL COLLEGE EMT ADVANCED**" document. You will not be able to access the health screening requirements until the background check is complete and you have been cleared. Once cleared Certified Profile will allow access to the health screening portion.

Functional Abilities Form

Functional Abilities explains the activities, skills and attributes a student in the EMT IT course demands. Please read and indicate any accommodations you may need and sign. The student's then initial that they have read and understand the requirements and complete by signing and dating the form. The signature page of the document is to be submitted with all health forms to Certified Profile.

Health Screening

The EMT IT course includes clinical time in hospital which require a health screening. The cost of the health screening and vaccinations is the students responsibility. You may be able to obtain health care services at your local Health Department or clinics such as Walgreens. Begin early as this takes at least 3 weeks to complete! The requirements are contained in this document and must be completed with authorized signatures before clinical time at the hospitals. Once complete all documents will be uploaded to Certified Profile, directions are online.

Please notify the Admissions Office at 414-571-4566 between 8:00am and 4:00pm regarding any change of name, address, or telephone number. We look forward to working with you as you complete your enrollment in the your program at MATC.

TO DO LIST:

Criminal Background Check

- ✓ Follow directions from Certified Background on **STUDENT INSTRUCTIONS FOR MILWAUKEE AREA TECHNICAL COLLEGE EMT ADVANCED** document.

Functional Abilities and Accommodations:

- ✓ Read requirements
- ✓ Student Signs Signature Page
- ✓ Upload **signature page** to Certified Profile

Health Requirements:

- ✓ Student Information entered on all sheet
- ✓ Complete all requirements with authorized signatures
- ✓ Upload Completed Health Packet to Certified Profile
- ✓ 10 panel drug screen (schedule with Certified Profile)



Functional Abilities Categories & Representative Activities/Attributes for the EMT Intermediate Technician Program. This document is to be submitted with all health forms.

Gross Motor Skills:	Move within confined spaces Maintain balance in multiple positions Reach above shoulders (e.g., IV poles) Reach out front
Fine Motor Skills:	Pick up objects with hands Grasp small objects with hands (e.g., IV tubing, pencil) Write with pen or pencil Key/type (e.g., use of computer) Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe) Twist (e.g., turn objects/knobs using hands) Squeeze with finger (e.g., eye dropper)
Physical Endurance:	Stand (e.g., at client side during surgical or therapeutic procedure) Sustain repetitive movements (e.g., CPR) Maintain physical tolerance (e.g., work on your feet a minimum of 8 hours)
Physical Strength:	Push and pull 50 pounds (e.g., position client, move equipment) Support 50 pounds of weight (e.g., ambulate client) Lift 50 pounds (e.g., pick up a child, transfer client, bend to lift an infant or child) Carry equipment/supplies Use upper body strength (e.g., perform CPR, physically restrain a client) Squeeze with hands (e.g., operate fire extinguisher)
Mobility	Twist Bend Stoop/squat Move quickly (e.g., response to an emergency) Climb stairs Walk
Hearing	Hear normal speaking-level sounds (e.g., person-to-person report) Hear faint voices Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes) Hear in situations when not able to see lips (e.g., when masks are use) Hear auditory alarms (e.g., monitors, fire alarms, call bells)
Visual	See objects up to 20 inches away (e.g., information on computer screen, skin conditions) See objects up to 20 feet away (e.g., client in room) Use depth perception Use peripheral vision Distinguish color and color intensity (e.g., color codes on supplies, flushed skin/paleness)
Tactile	Feel vibrations (e.g., palpate pulses) Detect temperature (e.g., skin, solutions) Feel differences in surface characteristics (e.g., skin turgor, rashes) Feel differences in sizes, shapes, (e.g., palpate vein, identify body landmarks) Detect environmental temperature
Smell	Detect odors (e.g., foul smelling drainage, alcohol breath, smoke, gasses or noxious smells)
Environment	Tolerate exposure to allergens (e.g., latex gloves, chemical substances) Tolerate strong soaps Tolerate strong odors
Reading	Read and understand written documents (e.g., flow sheets, charts, graphs) Read digital displays

Math	Comprehend and interpret graphic trends Calibrate equipment Convert numbers to and from metric, apothecaries', and American systems (e.g., dosages) Tell time Measure time (e.g., count duration of contractions, CPR, etc.) Count rates (e.g., drips/minute, pulse) Read and interpret measurement marks (e.g., measurement tapes and scales) Add, subtract, multiply, and/or divide whole numbers Compute fractions and decimals (e.g., medication dosages) Document numbers in records
Emotional Stability	Establish professional relationships Provide client with emotional support Adapt to changing environment/stress Deal with the unexpected (e.g., client condition, crisis) Focus attention on task Cope with own emotions Perform multiple responsibilities concurrently Cope with strong emotions in others (e.g., grief)
Analytical Thinking	Transfer knowledge from one situation to another Process and interpret information from multiple sources Analyze and interpret abstract and concrete data Evaluate outcomes Problem solve Prioritize tasks Use long-term memory Use short-term memory
Critical Thinking	Identify cause-effect relationships Plan/control activities for others Synthesize knowledge and skills Sequence information Make decisions independently Adapt decisions based on new information
Interpersonal Skills	Establish rapport with individuals, families, and groups Respect/value cultural differences in others Negotiate interpersonal conflict
Communication Skills	Teach (e.g., client/family about health care) Influence people Direct/manage/delegate activities of others Speak English Write English Listen/comprehend spoken/written word Collaborate with others (e.g., health care workers, peers) Manage information



The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, MATC makes every effort to insure quality education for all students. It is our obligation to inform students of the functional abilities demanded by this program and occupation. Students requiring accommodation or special services to meet the physical, cognitive and/or environmental performance standards of the EMT Intermediate Technician program should contact the Special Needs Department for assistance (Room C219).

I require the following accommodations to meet the functional abilities as specified

(Print & Sign)

(Date)

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act

MILWAUKEE AREA TECHNICAL COLLEGE
EMT INTERMEDIATE TECHNICIAN
Statement of Understanding

This form is to be completed upon admission to the program.

I have read and I understand the Functional Ability Categories specific to a student in an (initials) EMT Intermediate program.

I am able to meet the Functional Abilities as presented, and have been provided with (initials) information concerning accommodations or specific services if needed at this time.

Name of Student (Please print & sign) Date



**Health Screening Document
(Print Name and Address)**

NAME:		BIRTH DATE:	
ADDRESS:		City/State	Zip Code
PROGRAM NAME:		Semester Start	TELEPHONE#:
Cell Phone:	E-Mail Address		
STUDENT ID OR SOCIAL SECURITY #:			

ONLY PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, TO COMPLETE THE FOLLOWING:

I have examined Student Name _____ and certify that she/he is in good physical and mental health.

On letterhead stationery, please list any physical limitations or other disabilities which would limit this individual's capacity to perform the essential functions of this profession. (See attached)

Physicians, Physician Assistant or Nurse Practitioner Signature & Medical Title

Date _____

Print Professional's Name: _____ Office Telephone # _____

Address _____
Street City State Zip Code

A full exam is on file at _____

NAME:		Birthdate:
E-Mail Address	Student ID or Social Security #	Cell Phone:

IMMUNIZATIONS

Requirements		Date	Authorized Signature & Medical Title
Has this patient had Chicken Pox?	Yes No		
OR Varicella Vaccine	#1		
30 days later	#2		
OR Varicella Titer			

NAME:		Birthdate:
E-Mail Address	Student ID or Social Security #	Cell Phone:

IMMUNIZATIONS

Requirements		Date	Authorized Signature & Medical Title
MMR	#1		
MMR	#2		
OR Titer for MMR			

NAME:		Birthdate:
E-Mail Address	Student ID or Social Security #	Cell Phone:

IMMUNIZATIONS

TUBERCULIN TEST

Requirement	Date Read	Results	Authorized Signature and Medical Title
A two-step skin test with negative results within 3 months of initial clinical start for students who have never had a skin test done OR	Step #1		
	Step #2		
A skin test with negative results within 3 months of clinical start for students with documented history of previous annual skin tests OR	Attach Documentation		
Quantiferon TB test acceptable in lieu of annual TB skin test			
Tuberculin Skin Test is Positive Physician clearance documented on letterhead following positive test results, completed within the past 12 months	Attach Documentation		

NAME:		Birthdate:
E-Mail Address	Student ID or Social Security #	Cell Phone:

IMMUNIZATIONS

Requirement	Date	Authorized Signature and Medical Title
Proof of Tetanus Immunization within 10 Years of program entry OR new vaccination.		
Flu Shot vaccine lot number: _____ expiration date:		
I understand if I choose to waive or utilize a medical exemption (exemption form must be signed by physician) the flu shot I will wear a face mask during the entirety of their clinical assignments.	Student Signature OR Attach Medical Exemption Form	

NAME:		Birthdate:
E-Mail Address	Student ID or Social Security #	Cell Phone:

Hepatitis B Vaccine: Please read thoroughly and check the appropriate box.

As a student, I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can pursue the vaccination series. I hereby release Milwaukee Area Technical College, its Board Members, and personnel, and any clinical facility at which I train from any liability for any consequences to me or any claims arising out of or related to my decision to be or not to be vaccinated. I hereby agree to indemnify all of the above persons and organizations for any and all claims, including the attorneys' fees and costs, which may be brought against any one of them by anyone claiming to have been injured as a result of any injury which may occur as a result of my decision.

OR

I do not wish to decline the Hepatitis B vaccine. I am currently in the process/or have completed the series. Understand that full immunity requires three doses of vaccine over a nine-month period.

Print Name

Signature of Student

ID# Date

IF HBV given	Authorized Medical Signature
1st Dose Date	
2nd Dose Date:	
3rd Dose Date	

10 panel Drug Screen

Drug screening is done through Certified Profile and directions are online. Be aware: the total process requires a minimum of 4-5 days and students must complete before being able to attend clinical rotations.

PLEASE NOTE: You MUST save a copy of your completed health forms and retain it. You may need to provide it to a clinical agency
IMPORTANT: HIPAA prohibits the instructor from receiving these completed forms. All forms must be uploaded to Certified Profile.

IF YOU HAVE ANY QUESTIONS CONTACT

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