

Pre-Entrance Medical Record

Name _____ Birthdate _____

Address _____

Marital Status _____ Family History _____

Medical History of Applicant _____

Physical Examination

Height _____ Weight _____ Temperature _____ Pulse _____ Blood Pressure _____

Near Vision, Right _____ Left _____ Distant Vision, Right _____ Left _____

Condition Of (N=Negative/Normal, X=Abnormal, NE=Not Evaluated; Please explain abnormalities and indicate recommended corrections under remarks.)

Head		Teeth		Abdomen		Lymphatics	
Eyes		Neck		Genitalia		Neurological	
Nose		Chest		Back		Musculoskeletal	
Throat		Lungs		Extremities		Psychiatric	
Mouth		Heart		Skin		Date of LMP	

Routine Medication _____

Tests (Please attach copies of reports if indicated in the physician's judgment.)

VDRL _____

Mantoux Test – PPD/TB Skin Test 2 Part _____

Chest X-Ray _____

CBC _____

Urinalysis: Sp. Gr. _____ Albumin _____ Sugar _____ Micro _____

Immunizations (MN/YR, Attach record) Tetanus _____ MMR _____ HEP B _____

Remarks _____

Physician's Statement: I certify that the above-named applicant is in sound physical condition. The above-named applicant is in good normal health, can lift and carry up to 100 pounds, can properly distinguish color and has visual acuity suitable for driving (correction by lenses permitted). The above-named applicant can run, climb, dig, pull, and engage in other strenuous physical activities associated with the job of Emergency Medical Technician. The above-named applicant is free from communicable disease.

Signature _____ Date _____