Student Health History & Physical Exam Attestation

Paramedic Certificate Program – For Fall 2020 Admission

Name: __________________ Date of Birth: ___________ GCCID#: ___________

All students participating in GCC’s Paramedic Certificate Program shall be capable of performing the Programmatic Technical Standards, with or without reasonable accommodation as follows: They must be ambulatory and able to lift, carry and balance up to 100 pounds; be in sufficient physical condition so as to be able to bend, stoop, balance and crawl on even and uneven terrain; have the ability to withstand varied environmental conditions such as extreme heat, extreme cold and moisture, at times under prolonged conditions; possess fine motor coordination and hand/eye/foot coordination required to perform technical and precise skills. Motor coordination may be defined as the ability to make a movement or response quickly and accurately. Possess the visual acuity necessary to perform technical skills and to make precise discriminations; Have sufficient verbal ability and auditory perception to be able to perform comprehensive patient assessment, management and transport; Have the emotional stability and maturity to exercise sound judgment while effectively completing patient care activities.

Student Disposition

Based on my review of the student’s health history, examination of the student since April 1, 2020 and review of the Programmatic Technical Standards for the Paramedic Certificate Program this student is: (please indicate the disposition of the student)

☐ Cleared for all classroom/lab/clinical participation without restriction

☐ Cleared for participation with the following recommended restrictions/recommendations: Note: Students are encouraged to contact Disability Services at 413-775-1332 as soon as possible to determine their eligibility for reasonable accommodations to assist in meeting the technical standards of the program. Please note some accommodations require 4 – 6 weeks for implementation. The office is located in the Wellness Center C423.

☐ Not cleared, reason:

Signature: __________________ Date: ___________ Exam Date: ___________

Printed Name: __________________ Title: _____ Telephone: _____-_____-

Office/Practice Name: __________________ Fax: _____-_____-

Address: ____________________________________________________________

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