

Union County College EMT **Physician's Statement of Medical Clearance**

All students participating in the Emergency Medical Technician Program at Union County College must have the following medical clearance form completed and signed by a licensed medical professional attesting to the accuracy of information and ability for the student to participate in the program.

No actual/specific medical documentation is to be provided with the exception of a documented Covid-19 vaccination card.

All personal medical information should remain on file with the student's licensed medical professional to maintain the student's medical privacy.

Field experience requirement:

All students must complete one of the fit testing medical clearance forms.

This is required to fulfill the New Jersey Department of Health's- OEM Emergency Department field experience hours.

Students that wish to do their Emergency Department field experience hours at Trinitas Medical Center in Elizabeth must complete the form on page 3. Union County College will have an experience medical provider fit test students and provide each student with 2 N95 masks.

Students wishing to fulfill their rotation at JFK Medical Center in Edison, must complete the Hackensack Meridian Healthcare Fit testing clearance form on page 4, and pay a \$25 fit testing fee which includes the issuing of two (2) N95 masks. Checks must be made payable to Hackensack Meridian Healthcare. Fit testing for students wishing to go to JFK will be scheduled with Hackensack Meridian directly. Details of time and location will be provided once forms are received.

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I have received and reviewed the functional job description of an Emergency Medical Technician.

_____ (Name of Student) has been examined by me, and found to be in good physical condition, vaccinations are up to date (MMR/HEP-B/DPT/) is fully vaccinated for COVID-19, and is physically able to participate in the Emergency Medical Technician Program at Union County College.

Date of Examination: _____

Restrictions (visual, audible, sensory, or motor function)

Lifting: Lift to a height of 33 inches and carry and balance a minimum of 125 pounds.

Any restrictions for lifting with/without accommodations? _____ Yes _____ No

If yes, please give an explanation:

Medical conditions or medications that student and physician feel the Program Coordinator should be aware of (if any):

Results of PDD test: Negative: _____ Positive: _____ Proof of MMR: _____

Print Physician's Name Signature of Physician

Printed Name of Physician

Signature of Physician

Date:

Address _____

Town _____ State _____ Zip Code _____

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Respirator Medical Recommendation Form

Student name: _____

This form outlines the results of the Occupational Safety and Health Administration (OSHA) Respirator Medical Evaluation.

This form must be completed by a licensed medical provider.

Based on review of the [OSHA Respirator Medical Evaluation Questionnaire \(Mandatory\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC) <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC> this individual is:

_____ Medically approved for all respirators, with the exception of SCBA, and subject to fit test. This includes, but may not be limited to N95 masks.

_____ Not approved for respirator use at this time. Follow-up medical evaluation is needed.

Licensed Medical Provider Signature: _____

Date: _____

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HMH OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
JFK Medical Center

Student Name: _____

Date of Birth: _____

Appendix C to 1910.134: OSHA Respiratory Medical Evaluation Questionnaire (Revised 2021)

This section for HEALTH CARE PROVIDER Official Use ONLY PLHCP Decision:

Medically qualified for respirator use without restriction _____

Medically qualified for respirator use with the following restrictions: _____

Defer decision – additional information required: _____

- Telephone call for clarification
- Needs further evaluation – office visit to be scheduled

Not medically qualified to use a respirator _____

COMMENTS: _____

Licensed Medical Provider: _____

Date: _____

OSHA Respirator Medical Evaluation Questionnaire (Mandatory) To the EMT Student: You will need to answer this questionnaire at a time and place that is convenient to you. To maintain your confidentiality, Union County College and Hackensack Meridian Healthcare staff will not look at or review your answers to the questionnaire attached.

Part A. Section 1. (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator (**please print**).

Employer: Hackensack Meridian Healthcare Today's Date: _____

Your Name: _____ Date of Birth: _____

Your Address _____
Street City Zip Code _____

Your height: _____ ft. _____ in. Your weight: _____ lbs. Sex: Male Female

Your job title: EMT Student performing ER rotation

A phone number where you can be reached by the health care professional reviewing this questionnaire (include the Area Code): _____

Check the type of respirator you will use (you can check more than one category):

Half face mask (paper filter mask, covers nose and mouth, no cartridge, i. e. N-95, particulate dust mask

Half face mask (covers nose and mouth, made of rubber, with cartridge)

_____ Full face mask (covers full face, made of rubber, with cartridge)

_____ Have you worn a respirator? Yes No

_____ Powered Air Purifying (hood/full-face mask w/ filtered air supply) SCBA (self-contained breathing apparatus)

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EMERGENCY MEDICAL TECHNICIAN FUNCTIONAL JOB DESCRIPTION

Qualifications for Certification

- Apply and successfully complete a state approved EMT training program.
- Be a minimum of 16 years of age upon enrollment, and
- Successfully complete certification examinations.
- Have the ability to hear, read, write, communicate, and interpret instructions in the English language.
- Demonstrate competency in handling emergencies using basic life support equipment in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMT and other objectives identified include having the ability to:
 - Verbally communicate in person and via telephone and telecommunications; communicate the status of a patient to other EMS providers and hospital staff; and hear via telecommunications, telephone and patient/by-standers voice.
 - Lift to a height of 33 inches and carry and balance a minimum of 125 pounds.
 - Use good judgment and remain calm in high-stress situations.
 - Read training manuals, books and road maps.
 - Accurately discern street signs and address numbers.
 - Verbally interview patients, family members, and bystanders and hear their responses.
 - Document, in writing, all relevant information in prescribed format.
 - Verbally communicate status of patients to co-workers and hospital staff, and answer oral questions.
 - Demonstrate manual dexterity, with the ability to perform all tasks to quality patient care.
 - Bend, stoop, crawl, and walk on uneven surfaces.
 - function in varied environmental conditions such as lighted or darkened work areas, and extreme heat, cold, and moisture.
 - Determine the most appropriate facility for patient transport unless otherwise directed by medical control. Report the nature and extent of injuries, the number of patients being transported, and the destination of patients to ensure prompt medical care in accordance with protocols.
 - Observe and reassess the patient enroute, and administer care as directed by medical control. Assist with lifting and moving the patient and appropriate equipment from the ambulance into the emergency facility.
 - Report verbally and in writing, observations and emergency treatment given to the patient, at the scene and in transit, to the receiving staff for record keeping and diagnostic purposes. Upon request, provide assistance to the receiving facility staff.
 - After completion of the call, restock and replace patient care supplies, clean all equipment following appropriate decontamination and cleaning procedures, make careful examination of all equipment to ensure availability of the ambulance for the next call. Maintain the ambulance in an efficient operating condition.
 - Attend continuing education and refresher training programs as required by employers' medical direction and/or the certifying agency.
 - Meet qualifications within the functional position description of the EMT