

STUDENT CHECKLIST EVALUATION FOR EMERGENCY MEDICAL TECHICIAN PROGRAM

Student Name _____ SS# _____

Student: Please check “yes” if you are able to perform the task or meet the physical demands listed and check “no” if you are unable to meet the standards. If “no” or “not known” is checked, please comment in the space provided below.

Qualifications required for Emergency Medical Technician Certification: *

TASK OR PHYSICAL DEMAND	YES	NO	NOT KNOWN
Ability to lift, carry and balance up to 125 pounds (250 with assistance)			
Ability to be unaffected by loud noises and flashing lights			
Posses good manual dexterity with ability to perform all tasks related to patient care			
Ability to bend, stoop and crawl on uneven terrain			
Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient			
Ability to communicate effectively via telephone and radio equipment			
Ability to withstand varied environmental conditions such as extreme heat, cold and moisture			
Ability to work in low light situations and confined spaces			
Ability to read English language manuals and road maps			
Ability to accurately discern street signs and addresses			

If you have answered “no” or “not known” please explain below:

Signature _____ Date _____

*Based on New York State Bureau of EMS Policy 00-10 Functional Position Description for EMT-B and AEMT-B