



SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY

4312 MICHIGAN AVENUE, FORT MYERS, FL 33905
Phone: 239-334-3897 www.swfpsa.org Fax: 239-334-8794

Todd Everly, Academy Director

SWFPSA Health Report Instructions

Pages 3 & 4 of this document are the SWFPSA EMS Program Health Report. Take the SWFPSA EMS Program Health Report to your family physician or a walk-in clinic. The physician or other healthcare provider, **not the student**, must complete* and sign the form where indicated.

*Incomplete forms or missing documentation will cause delay or denial of your program application.

The SWFPSA EMS Program Health Report is to be:

1. Completed by your doctor (or other healthcare provider), **THEN**
2. Submitted by you to CastleBranch at mycb.castlebranch.com (*Instructions below*), **THEN**
3. The original Health Report, complete and signed, must be submitted with your application.

This must be done prior to submitting your application packet. The cost is \$35.

IMPORTANT: NO student will be permitted into any field or clinical internship site(s) without a completed Health Report on file. Internship is a requirement for course and/or program completion. If a special exception is made for conditional acceptance, all requirements must be completed prior to internship. This is the recruit's responsibility. Failure to complete any requirement when the internship period begins will result in immediate course and/or program withdrawal without refund.



Specific Requirements for Immunity

Immunization records OR blood work must be submitted to CastleBranch

MMR Rubeola (Measles), Rubella (German Measles), Mumps

The acceptable evidence of immunity to measles, rubella, and mumps is as follows:

- (1) Documentation of **two (2)** MMR vaccines given on or after your first birthday and separated by 28 days or more **OR**
 - (2) Laboratory evidence of positive immunity (blood work) - if immunity is negative/equivocal you will need a single booster vaccine
- OR**
- (3) Birth before 1957

Varicella (Chickenpox)

The acceptable evidence of immunity to varicella is as follows:

- (1) Documentation of **two (2)** Varicella vaccines given on or after your first birthday and separated by 28 days or more
- OR**
- (2) Laboratory evidence of positive immunity (blood work) - if immunity is negative/equivocal you will need a single booster vaccine

Hepatitis B

The acceptable evidence of immunity to hepatitis B is as follows:

- (1) Documentation of **three (3)** vaccines
- OR**
- (2) Laboratory evidence of positive immunity (blood work) - if immunity is negative/equivocal you will need a single booster vaccine **AND** repeat blood work.

Hepatitis A

Recommended but not required.

Tetanus-Pertussis (TDap)

Documentation of one (1) vaccine - must be less than ten (10) years old

Tuberculosis (TB/PPD/TST)

Documentation of a negative TB test - must be less than one (1) year old

Students with a recent or historical positive TB must have a chest x-ray (less than 1 year). Attach copy of the x-ray report from the evaluating healthcare provider indicating no active pulmonary disease present. (Your TB test must remain current throughout the EMT program).

Influenza vaccine

Your flu vaccine must be dated after September 1 for the year that you will participate in internship.



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EMS Program Health Report page 1 of 2

Both pages must be **completed and signed by a healthcare provider**, then submitted by the applicant to CastleBranch.

Recruits will not be permitted to complete an internship without this completed Health Report on file.

Incomplete or missing documentation will cause delay or denial of your application

RECRUIT NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

The following are from the A.D.A.'s physical, mental, and emotional performance requirements for an entry level Emergency Medical Technician. The EMS Program at the Southwest Florida Public Service Academy has accepted the following, as requirements for all recruits entering the program.

EMS Program Recruits must meet the following requirements:

PHYSICAL REQUIREMENTS

<p>I have the Ability to:</p> <p><input type="checkbox"/> perform repetitive tasks.</p> <p><input type="checkbox"/> walk the equivalent of five miles per day.</p> <p><input type="checkbox"/> reach above shoulder level.</p> <p><input type="checkbox"/> hear tape recorded transcripts.</p> <p><input type="checkbox"/> distinguish colors.</p> <p><input type="checkbox"/> adapt to shift work.</p> <p><input type="checkbox"/> perform with a high degree of manual dexterity.</p> <p><input type="checkbox"/> work with chemicals and detergents.</p> <p><input type="checkbox"/> tolerate exposure to dust and/or fumes.</p>	<p><input type="checkbox"/> Ability to grip.</p> <p><input type="checkbox"/> High degree of physical flexibility.</p> <p><input type="checkbox"/> Ability to bend both knees.</p> <p><input type="checkbox"/> Ability to sit for long periods of time.</p> <p><input type="checkbox"/> Ability to climb stairs or ladder.</p> <p><input type="checkbox"/> Ability to stand for long periods.</p> <p><input type="checkbox"/> Ability to lift 25 pounds.</p> <p><input type="checkbox"/> Ability to squat.</p> <p><input type="checkbox"/> Ability to perform CPR.</p> <p>Health Care Provider: To the best of my ability, from my examination and history taking on this recruit, I concur that the recruit can perform all the listed physical requirements.</p>
Recruit Initials:	Healthcare Provider Initials:

MENTAL AND EMOTIONAL REQUIREMENTS

<p>I have the Ability to:</p> <p><input type="checkbox"/> cope with a high level of stress.</p> <p><input type="checkbox"/> make fast decisions under high pressure.</p> <p><input type="checkbox"/> cope with the anger/fear/hostility of others in a calm manner.</p> <p><input type="checkbox"/> manage altercations.</p> <p><input type="checkbox"/> concentrate.</p> <p><input type="checkbox"/> demonstrate a high degree of mental flexibility.</p> <p><input type="checkbox"/> cope in an acceptable manner with confrontation.</p> <p><input type="checkbox"/> handle multiple priorities in a stressful situation.</p>	<p><input type="checkbox"/> Ability to assist with problem resolution.</p> <p><input type="checkbox"/> Ability to work alone.</p> <p><input type="checkbox"/> Ability to demonstrate a high degree of patience.</p> <p><input type="checkbox"/> Ability to adapt to shift work.</p> <p><input type="checkbox"/> Ability to work in areas that are close and crowded.</p> <p>Health Care Provider: To the best of my ability, from my examination and history taking on this recruit, concur that the recruit can perform all the listed physical requirements.</p>
Recruit Initials:	Healthcare Provider Initials:



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EMS Program Health Report page 2 of 2

EMS Required Immunizations Titers for MMR, Varicella, or Hep B may be submitted INSTEAD of immunization dates.

Immunization	Date(s) Administered	Laboratory Results / Reports	Refusal Requirements
Tetanus-Pertussis (TDaP) (within 10 years)		N/A	N/A
MMR (Measles, Mumps, Rubella)	#1: #2:	Date: _____ ____ Positive ____ Negative (submit all three titers)	N/A
Varicella (Chickenpox)	#1 #2	Date: _____ ____ Positive ____ Negative (submit titer)	N/A
Hepatitis B	#1 #2 #3	Date: _____ ____ Positive ____ Negative Hep B surface antibody (anti-HBs) (submit titer)	Students who elect not to receive the Hepatitis B Vaccine will need to sign the waiver below
Tuberculosis Test (TB/PPD/TST)	Date Read	____ Positive <i>If positive, X-ray is required.</i> ____ Negative REQUIRED ANNUALLY	N/A
Flu Vaccine		REQUIRED ANNUALLY AFTER Sept. 1st	N/A

WAIVER STATEMENT:

As a recruit performing in clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to tuberculosis, hepatitis B, and HIV (AIDS). Southwest Florida Public Service Academy recommends that all Health Program students obtain the Hepatitis B vaccine. Proof of vaccination from hepatitis B may be required before certain clinical rotations. I have been informed and understand the inherent risks related to exposure to environment hazards and infectious diseases through contact with body fluids and airborne microorganisms, including hepatitis B while involved in clinical rotations. I also understand that the hepatitis B vaccine is highly recommended. I understand that if I elect not to have the Hepatitis B vaccine, I agree to hold harmless all persons or entities connected with Southwest Florida Public Service Academy, clinical affiliations, and the EMS Program.

Recruit Signature: _____ Date: _____

MEDICATIONS:

Please list any medications the recruit is currently taking above or write 'NONE'.

ALLERGIES:

Please list any allergies the recruit has above or write 'NKA'.

EXCEPTIONS:

Please note above any physical, mental and emotional abnormalities, defects, or diseases which may, in any way, interfere with the recruit's attendance and progress in the EMS program or write 'NONE'.

I, _____, give Southwest Florida Public Service Academy permission to share any part or all of the information on this Health Report with any agency, including their representative(s) or instructor(s), to which I will be assigned for required internship.

Recruit Signature: _____ Date: _____

This is to certify that I have examined _____ on the below date and have found her/him to be in good physical, mental and emotional health, as described herein, and free from communicable disease including TB.

SIGNED: _____ DATE: _____
(Signature of M.D., D.O., A.R.N.P., P.A.)

ADDRESS: _____



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Castlebranch Instructions

Required for application:

Compliance Tracker - COST: \$35.00

Order **SV50emt** Compliance Tracker

Required within 5 days of conditional acceptance:

Background Check & Drug Test - COST: \$99.00

Order **SV50bgdt** Background Check & Drug Test

BLS Course Completion Instructions

Candidates must complete an American Heart Association Basic Life Support (BLS) Course. A copy of the front and back of the card or a completion certificate must be submitted to CastleBranch at mycb.castlebranch.com prior to submitting your application.