



Todd Everly, Academy Director

[SWFPSA Health Report Instructions](#)

Pages 3 & 4 of this document are the SWFPSA Paramedic Program Health Report. Take the SWFPSA Paramedic 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 Paramedic 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 \$45.

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.



SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY

4312 MICHIGAN AVENUE, FORT MYERS, FL 33905

Phone: 239-334-3897 www.swfosa.org Fax: 239-334-8794

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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 Paramedic 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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Paramedic Program Health Report

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 Paramedic. The Paramedic Program at the Southwest Florida Public Service Academy has accepted the following, as requirements for all recruits entering the program.

Paramedic Program Recruits must meet the following requirements:

PHYSICAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ perform repetitive tasks.</p> <p>_____ walk the equivalent of five miles per day.</p> <p>_____ reach above shoulder level.</p> <p>_____ hear tape recorded transcripts.</p> <p>_____ distinguish colors.</p> <p>_____ adapt to shift work.</p> <p>_____ perform with a high degree of manual dexterity.</p> <p>_____ work with chemicals and detergents.</p> <p>_____ tolerate exposure to dust and/or fumes.</p>	<p>_____ Ability to grip.</p> <p>_____ High degree of physical flexibility.</p> <p>_____ Ability to bend both knees.</p> <p>_____ Ability to sit for long periods of time.</p> <p>_____ Ability to climb stairs or ladder.</p> <p>_____ Ability to stand for long periods.</p> <p>_____ Ability to lift 25 pounds.</p> <p>_____ Ability to squat.</p> <p>_____ 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>
<p>Recruit Initials:</p>	<p>Healthcare Provider Initials:</p>

MENTAL AND EMOTIONAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ cope with a high level of stress.</p> <p>_____ make fast decisions under high pressure.</p> <p>_____ cope with the anger/fear/hostility of others in a calm manner.</p> <p>_____ manage altercations.</p> <p>_____ concentrate.</p> <p>_____ demonstrate a high degree of mental flexibility.</p> <p>_____ cope in an acceptable manner with confrontation.</p> <p>_____ handle multiple priorities in a stressful situation.</p>	<p>_____ Ability to assist with problem resolution.</p> <p>_____ Ability to work alone.</p> <p>_____ Ability to demonstrate a high degree of patience.</p> <p>_____ Ability to adapt to shift work.</p> <p>_____ 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>
<p>Recruit Initials:</p>	<p>Healthcare Provider Initials:</p>



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Paramedic 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 Paramedic 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 Paramedic 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

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.