

Medical & Emergency Contact Information



Submit this COMPLETED FORM and printed copies of all required immunization records and TB tests to Training Center Coordinator.

Students are responsible for **ALL COSTS** related to meeting immunization requirements. Students must complete health/physical exam requirements at their primary health care provider's office.

Immunization / TB Skin Testing Requirements

Submit Printed Copies of ALL requested information.

_____ Hepatitis B Vaccine

Need documented proof of 3 vaccine dates on the Health/Physical Examination Form, **OR** if you cannot find documented proof of vaccine dates, you can have a blood test/titer to indicate immunity

_____ MMR Vaccine

Need documented proof of 2 vaccine dates, or if unable to find documented proof, have blood test/titer completed that indicates immunity

_____ TDAP

Need documented proof vaccine that has been updated with the last 10 year.

_____ Influenza

Need documented proof of vaccine for current flu season (October through March)

_____ TB Skin Testing

Annual Mantoux TB Skin Test- Documentation of the following is required:

- Provide documentation of last 2 TB skin test (TST) no more than 12 months apart
Or
- A QuantiFERON Gold test or a T-Spot test within the last 12 months
Or
- If you have never had a TB skin test before or have let more than 1 year lapse since your last one, you will need to have a "2 step" TB skin test or a QuantiFERON Gold test or a T-Spot test. The second test must be done at least 7 days from when 1st one is **READ** but within 3 weeks and subsequent annual TB screening is required.

All forms and laboratory test results must be submitted to the Training Center Coordinator for review and acceptance before they are considered complete. This may be accomplished by emailing information to treyne@lakecountryfire.com or by hand delivering forms at EMS Orientation or the first week of EMT class.

Allergy & Emergency Contact Information



Allergies

Check if applicable:

Latex Hay fever Asthma Eczema

Foods List: _____

Medications List: _____

Environmental List: _____

Do you have an Epinephrine Prescription or Pen? YES NO
If yes, do you carry it with you? YES NO

Emergency Contact Information

Please list a primary and secondary point of contact in case of Emergency

Primary Contact

Full Name: _____

Phone Number: _____ Relationship: _____

Secondary Contact

Full Name: _____

Phone Number: _____ Relationship: _____

Student Signature & Information

Full Name: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Student or Guardian Signature: _____