



# EMT STUDENT GUIDE:

## Health Requirements/EMT Training Permit

<b>STEP 1</b>		
<b>Initial Requirements for registration in EMT Course (Must be completed within 30 days of sign up to complete registration).</b>		
<b>Requirement</b>	<b>Requirement Description</b>	<b>Special Notes</b>
<b>Background Check</b>	Completed through <i>Viewpoint Screening</i>	**Must be done within 30 days to be registered for seat in course. **
<b>Drug Testing</b>	Completed through <i>Viewpoint Screening</i> in cooperating with <i>Quest Labs</i> <b>ONLY</b> .	**Must be done within 30 days to be registered for seat in course. **
<b>STEP 2</b>		
<b>Remaining Clinical Health Requirements (DUE BY FIRST DAY OF COURSE)</b>		
<b>Requirement</b>	<b>Requirement Description</b>	<b>Special Notes</b>
<b>Physical Exam</b>	Physical exam conducted by a healthcare professional (MD, DO, APNP, PA), including assessment for any history of antibiotic resistant disease (i.e. MRSA, VRE) <b>Must use WCTC EMS Physical Exam Form in Viewpoint Screening, under Requirements, and Submit <u>Physical exam to be conducted within past year.</u></b> <b>FALL EMT: 1 year from Aug 19th</b> <b>SPRING EMT: 1 Year from Jan 20th</b> <b>SUMMER EMT: 1 Year from May 19th</b>	Follow Timeframe guidelines. Must take WCTC Form to provider performing the exam to be signed, and then submitted to Viewpoint. <b>***Be sure to follow <u>timeframes for requirement to be completed.</u> ***</b>
<b>Measles, Mumps, Rubeola (MMR)</b>	Medical Doc, of (2) MMR immunizations with 1st dose after 1st birthday and 2nd dose 28 days later. <b>OR</b> Single dose of quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine. <b>OR</b> (3)Evidence of positive serology titer for all components	Make sure immunization documentation is from <a href="#">WI Immunization Registry</a> or from medical provider chart system.  Submissions must show student name and dates for requirement
<b>Tetanus Diphtheria Pertussis (Tdap)</b>	Documentation of one-time dose of the Tdap vaccine and then Td every 10 years	Make sure immunization documentation is from <a href="#">WI Immunization Registry</a> or from medical provider chart system.  Submissions must show student name and dates for requirement
<b>Varicella</b>	Two (2) Varicella vaccination dates documented by a health care provider. Vaccines must be appropriately spaced and given according to CDC guidelines (after first birthday and must be at least 28 days apart). <b>OR</b> Positive Varicella titer that is documented by a health care provider.	Make sure immunization documentation is from <a href="#">WI Immunization Registry</a> or from medical provider chart system.  Submissions must show student name and dates for requirement

## STEP 2

### Remaining Clinical Health Requirements (DUE BY FIRST DAY OF COURSE)

Requirement	Requirement Description	Special Notes
<b>Hepatitis B</b>	<p>1. Proof of immunity to Hepatitis B, including documentation of complete Hepatitis B series.</p> <p><b>OR</b></p> <p>2. Documentation of positive HBSAB titer.</p> <p><b>OR</b></p> <p>3. Or in lieu proof of immunity, a signed declination form.</p>	<p>Make sure immunization documentation is from <a href="#">WI Immunization Registry</a> or from medical provider chart system.</p> <p>Submissions must show student name and dates for requirement</p>
<b>TB Testing</b>	<p><b><u>NEVER HAD TB TEST or greater than 1 year ago</u></b>  <b>NEED 2 TESTS or 1 Q-GOLD</b>                      Two Step (2 tests) TB test <b>or</b> QuantiFERON Gold (IGRA)/T-spot with negative results within 90 days prior to <b>program start date</b> for those who have never had a prior TB skin test.</p> <p><b><u>HAVE HAD A TB TEST IN LAST 12 Months (Of Course Start Date).</u></b>  <b>Need 1 SKIN or 1 Q-GOLD</b>                      A TB skin test or IGRA/T-spot with negative results within 90 days prior to <b>program start date</b> for students/faculty with documented history, <b>in past 12 months of course start date</b>, of previous TB Skin Test.</p> <p><i>Tests to performed between these timeframes for Compliance:</i>  <b>Fall Start Date August 19<sup>th</sup> (Complete Between May 19<sup>th</sup> to August 19<sup>th</sup>)</b>  <b>Spring Start Date Jan 20<sup>th</sup> (Complete between Oct 20<sup>th</sup> to Jan 20<sup>th</sup>)</b>  <b>Summer Start Date May 28<sup>th</sup> (Complete between Feb 28<sup>th</sup> to May 28<sup>th</sup>)</b></p>	<p>Make sure immunization documentation is from <a href="#">WI Immunization Registry</a> or from medical provider chart system.</p> <p>Submissions must show student name and dates for requirement</p> <p><b><u>***Be sure to follow timeframes for requirement to be completed. ***</u></b></p>
<b>Seasonal Influenza</b>	<p>FALL Student: Must be completed by Nov 1st.                      SPRING Student: Must be completed prior to 1<sup>st</sup> Day of course.  <b>Summer</b> students are exempt from requirement (Submit out of season form in Viewpoint)  <i>School exemption process document for exemption</i></p>	<p>Immunization documentation is from <a href="#">WI Immunization Registry</a>, from medical provider chart system, from provider giving vaccination.</p> <p>Submissions must show student name and dates for requirement</p>

## STEP 3 (Completed Once in Class)

### EMS Training Permit

Requirement	Requirement Description	Special Notes
<b>EMS Training Permit</b>	<p><b><u>To be completed after course begins.</u></b></p> <p>You will be provided with the unique e-licensing section identifiers during the first week of class. Which you will use to apply for your training permit</p>	<p>Once received through E-Licensing, must be uploaded to Viewpoint Screening</p>