

Student Last Name	First Name	M.I.	DOB	WCTC ID#	Program
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A Primary Qualified Health Care Provider ("PQHCP") **must initial for each category, complete the date and result information in each category, and sign at the bottom** to indicate each health care requirement is satisfied. To be considered a PQHCP, an individual must be licensed in and by the State of Wisconsin to provide services as a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), nurse practitioner (APNP) or physician's assistant (PA).

All AEMT/Paramedic students - Form is due the 1st day of class EMT Students Form is due: 10/1 for Fall, 2/1 for Spring & 6/1 for Summer

Immunization Records (completed by initial students)

PQHCP Initials	<p>Measles/Mumps/Rubella (MMR) Immunity must be proven by either:</p> <ul style="list-style-type: none"> Written proof of two MMR vaccines. → Date 1: _____; Date 2: _____ Type of Antigen or MMR: _____ Positive Titers. → Rubella Titer: Date: _____ Results: _____ Rubeola Titer*: Date: _____ Results: _____ Mumps Titer: Date: _____ Results: _____ * Rubeola titer is not required if born before January 1, 1957.
PQHCP Initials	<p>Varicella Immunization Immunity must be proven by either:</p> <ul style="list-style-type: none"> Written proof of two Varicella vaccines at least 30 days apart as an adult or one dose if under age 13. → Date 1: _____; Date 2: _____ Positive Varicella Titer. → Date: _____ Results: _____
PQHCP Initials	<p>Hepatitis B <input type="checkbox"/> Waiver signed (attach copy).</p> <ul style="list-style-type: none"> Hepatitis B vaccination series must be initiated prior to the start date of the student's first clinical or field experience and must be completed within six months of initiation. Six weeks after the third dose, a Hepatitis titer must be drawn to confirm immunity. If negative, the series needs to be repeated. If the third dose was received greater than six weeks prior to program entry, no titer is required. Hepatitis B Series. → Date 1: _____; Date 2: _____; Date 3: _____ Hepatitis B Titer. → Date: _____ Results: _____ While strongly discouraged, if a student waives receipt of the Hepatitis B Series, the signed waiver must be attached to this form.
PQHCP Initials	<p>Tetanus/Diphtheria Booster/Immunization (Tdap) Required to be done every 10 years. → Date of last booster/immunization: _____</p>

Annual Requirements (must be completed by all students; **read influenza requirements)

PQHCP Initials	<p>Influenza Vaccine **Fall ALL STUDENTS: Due October 1st** **Spring 2021: EMT not required at this time due to starting clinicals after 4/1; Paramedic B Cohort Due 10/1/2021</p> <ul style="list-style-type: none"> Influenza vaccine required on annual basis. Must be current throughout course duration. → Date of vaccination: _____
PQHCP Initials	<p>Tuberculin (TB) Skin Test</p> <ul style="list-style-type: none"> A one-step TB skin test is required within the six months prior to the start of the student's clinical program and is good for a period of one year. (If the test expires prior to completion of clinical experiences, another test must be obtained.) <ul style="list-style-type: none"> Skin Test: → Date: _____ Results: _____ Annual Updates (if required): Date: _____ Results: _____ Date: _____ Results: _____ Students with a history of positive reactions to TB skin tests must have a Quantiferon blood test. If positive, they will need to have an annual symptom review by a qualified health care provider, which may require a chest x-ray. <input type="checkbox"/> Positive Reactor – Annual Symptom Review: → Date: _____ Results: _____
PQHCP Initials	<p>Physical Examination Date of examination: _____</p> <ul style="list-style-type: none"> A physical examination obtained within one year prior to the start of clinical or field experiences is required. The examination must be given by a qualified health care provider to ensure the student can perform all essential functions expected of an EMS provider (please see reverse side of this form for a list). An OB/GYN examination does not meet this requirement.

WCTC verifies results with PHC ****A 10-PANEL drug screen (no other drug screen is valid) must be completed by one of the Pro Health Occupational Health Clinics provided at your orientation session.*****

<p>PQHCP Validation and Signature</p> <p>As a State of Wisconsin-licensed MD, DO, APNP or PA, I have examined this applicant, verify he/she meets the requirements listed above and believe him/her to be free of communicable diseases and physically capable of full participation in the EMS profession.</p> <p>_____ PQHCP Signature Date</p> <p>_____ PQHCP Printed Name WI License Number</p> <p>_____ Office Name City Phone Number</p>	<p>Student Acknowledgement, Consent, Affirmation and Signature</p> <ul style="list-style-type: none"> I have been informed of the physical and psychological expectations for students entering WCTC EMS Programs. I understand these requirements must be met before admission into clinical/field sites and that a failure to meet these requirements will preclude my participation in WCTC EMS programs. I understand that the information provided on this form may be shared with WCTC-associated clinical and field sites and consent to its release to those sites. I attest that I can safely perform all EMS essential job functions (see reverse side of this form). I understand that WCTC cannot guarantee allergen-free clinical or field sites and, if I have an allergy or sensitivity to a particular allergen, it is my responsibility to mitigate potential reactions through appropriate means. I acknowledge that any costs associated with meeting the health requirements are my responsibility (WCTC does not bear any financial burden). I further affirm that the information contained within this form is true and accurate. <p>_____ Student Signature Date</p>
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For Fire/EMS office use only:

ADA COMPLIANCE – ESSENTIAL EMS PROVIDER JOB FUNCTIONS / TECHNICAL STANDARDS

Waukesha County Technical College complies with the Americans with Disabilities Act (ADA) and will make reasonable accommodations for students with documented disabilities. Given the nature of providing health care to sick people in what can be emergent or critical situations, however, reasonable accommodations are not available in many instances. To serve as a guide, the following are essential job functions / technical standards for emergency medical health care providers (EMS providers) for which WCTC typically cannot make accommodations by virtue of clinical and field site limitations. Students who cannot perform the following essential functions /technical standards without accommodations may not be able to participate in EMS clinical or field experiences (depending on the nature of the accommodation required and whether or not such accommodation can be reasonably provided), which will result in exclusion from EMS programs.

Gross Motor Functions:

- Move within confined spaces
- Maintain balance in multiple positions
- Reach above shoulders
- Reach below waist
- Reach out front

Fine Motor Functions:

- Pick up objects with the hands
- Grasp small objects
- Write with pen or pencil
- Type
- Pinch grasp objects
- Twist objects
- Squeeze with fingers

Physical Endurance:

- Stand
- Sustain repetitive movements
- Maintain physical tolerance

Physical Strength:

- Push, pull, lift and sustain 50 pounds
- Carry equipment and supplies
- Use upper body strength
- Squeeze with hands

Mobility:

- Twist
- Bend
- Stoop
- Squat
- Move Quickly
- Climb Stairs
- Walk

Hearing:

- Hear normal speaking-level sounds
- Hear faint voices (whisper test at 10 feet)
- Hear faint body sounds
- Hear in situations when not able to see lips
- Hear auditory alarms

Visual:

- See objects up to 20 inches and 20 feet away
- Use depth perception
- Use peripheral vision
- Distinguish color and color intensity (color vision test)

Tactile:

- Feel vibrations
- Detect temperature
- Feel differences in surface characteristics
- Feel differences in sizes and shapes
- Detect environmental temperature

Smell:

- Detect odors (i.e. foul smelling drainage, alcohol on breath, smoke, gasses)

Environment:

- Tolerate exposure to allergens (i.e. cats, dogs, pollen)
- Tolerate strong soaps
- Tolerate strong odors

Emotional Stability:

- Able to establish professional relationships
- Provide patient with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected
- Focus on task
- Cope with own emotions
- Perform multiple responsibilities concurrently
- Cope with strong emotions in others (i.e. grief, anger)

Additional information on the WCTC reasonable accommodations process can be found in the WCTC Student Handbook (available through the WCTC Student Life office).

IMPORTANT INFORMATION REGARDING PROOF OF IMMUNIZATION RECORDS

When taking this form to your qualified health care professional, you must bring proof of immunizations or titers will have to be drawn to prove immunity. The QHCP must enter the data on the form, initial by each requirement, and sign the form.

To access your official immunization records, please refer to the Wisconsin Immunization Registry website at <http://dhfswir.org>. Click on "Public Immunization Record Access", and enter the required information. You may also utilize official immunization records obtained from your primary physician.