



PARAMEDIC MEDICAL CERTIFICATE OF FITNESS Report of Examining Physician

EXAMINING PHYSICIAN PLEASE NOTE:

1. The fee for the services of the physician is the responsibility of the candidate.
2. It is essential that the candidate be **PHYSICALLY AND PSYCHOLOGICALLY** fit to perform the duties of a Paramedic.

PLEASE PRINT

Surname of Candidate <i>Mr. Ms.</i> <i>Mrs. Miss</i>	Given names in full	Date of Birth <div style="text-align: right; font-size: small;">Month Day Year</div>	
Mailing address	City	Province	Postal Code

1. DISEASE CONDITIONS — Is there MEDICAL EVIDENCE AND/OR A HISTORY of:

Seizure disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Respiratory disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communicable disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Multiple sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (<i>not otherwise specified</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain if this disease could affect the candidate's ability to perform the duties of a paramedic

2. ALCOHOL OR SUBSTANCE ABUSE — Has the candidate experienced any problems in the PREVIOUS 12 MONTHS, relative to the overuse and/or addiction to ALCOHOL, RECREATIONAL or PRESCRIPTION DRUGS, and/or OVER THE COUNTER MEDICATION?

Yes No

If yes, please explain

3. PSYCHOLOGICAL AND/OR EMOTIONAL ILLNESS — In pre-hospital care, paramedics may be involved in stressful, emotional, and/or tense situations. Has the candidate exhibited and/or experienced any PSYCHOLOGICAL OR EMOTIONAL episode(s) which could preclude the candidate from performing the duties of a paramedic?

Yes No

If yes, please explain

4. VISUAL ACUITY — Would the candidate (with appropriate visual correction, if required) be able to observe an accident scene from a distance, assess minor wounds, remove small slivers, remove small particles from the eye, and/or assess a patient for pallor and contusions?

Yes No

If no, please explain

5. HEARING ACUITY — Would the candidate (with appropriate hearing correction, if required) be able to hear a summons for help or assistance, hear and assess breathing on a patient who may not be visible to him/her, distinguish if there is distressed breathing, and/or verbally communicate with a patient?

Yes No

If no, please explain

Physician initials	
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Report continued on reverse side



PARAMEDIC MEDICAL CERTIFICATE OF FITNESS *(continued)*

6. FINE MOTOR SKILLS — UPPER LIMBS — Does the candidate have a MOTOR OR SENSORY impairment of one or both of the upper extremities which could impair his/her ability to assess a pulse, palpate for point tenderness, remove particles from the eye, immobilize a limb, assess and treat open wounds?

Yes No

If yes, please explain

7. PHYSICAL FITNESS — Paramedics may have to traverse rough terrain such as steep banks, climb over fallen trees or logs, access areas such as excavations or high elevations. Does the candidate have a physical condition which could limit his/her ability to render patient care under these conditions?

Yes No

If yes, please explain

8. LIFTING ABILITY — Paramedics may have to assist in transporting a patient, secured to a lifting device, over rough terrain. They may also have to carry equipment weighing up to 50 lbs. (22.680 kg). Does the candidate have a physical condition which could limit his/her ability to render patient care under these conditions?

Yes No

If yes, please explain

9. Is the candidate taking any medication which could affect his/her ability to render patient care?

Yes No

If yes, please explain

10. In summary, in your PROFESSIONAL OPINION, do you have confidence in this candidate's PHYSICAL and/or PSYCHOLOGICAL FITNESS to render emergency pre-hospital care to patients?

Yes No

If no, please explain

Physician's name <i>(please print)</i>	Physician's signature	Phone number <i>(please include area code)</i>	
Street address	City	Province	Postal code
Date <i>Month Day Year</i>	Clinic or physician's stamp		

Candidate's statement

I have answered all questions from my physician, Dr. _____, honestly and truthfully, and I was forthcoming with Dr. _____ regarding any physical or mental condition that would have a bearing upon my PHYSICAL or MENTAL ASSESSMENT.

Candidate's signature	Date <i>Month Day Year</i>
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This Paramedic Medical Certificate of Fitness is a two sided form. The physician must initial the front of the form. This form must be presented to the physician as a single document with two sides. The Academy of Emergency Training will not accept two separate single sheets.

Please send to:

Academy of Emergency Training Inc.
 #125 – 4010 Regent St, Burnaby, BC, V5C-6N1
 Tel:(604)922-2249 Fax:(604)922-4049
 Email: info@firstaid.ca