

MEDICAL STATEMENT For Emergency Medical Services Professional License

Applicant's Name: _____
Print or Type

Licensed Physician, Nurse Practitioner or Physician Assistant:

The Office of Emergency Medical Services is the state agency responsible for the licensing of emergency medical services personnel. The mission of the agency is to oversee the delivery of pre-hospital emergency care and to safeguard the public from inappropriate or incompetent medical care in the pre-hospital environment. When issuing a license, it is understood that the individual can meet the demands, duties, and responsibilities listed below and **examiner performing the evaluation is a licensed physician, nurse practitioner or physician assistant**.

GENERAL DUTY REQUIREMENTS:

The general environmental conditions in which emergency medical service personnel work includes a variety of hot and cold temperatures and, at times, they may be exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. They can also be exposed to a variety of noise levels, which can be quite high, particularly when sirens are sounding. The individual must be able to function effectively in uncontrolled environments with high levels of ambient noise. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by having times to lift, move, carry and balance while moving in excess of 125 pounds (250 pounds 2 person lift). Motor Coordination is dexterity to bandage, splint and move patients, including properly applying invasive airways and administering injections.

Driving in a safe manner, accurately discerning street names, map reading, and the ability to correctly distinguish house numbers or business locations are essential tasks. Use of the telephone or radio for transmitting and responding to physician's advice is also essential. The ability to orally describe, concisely and accurately to health professionals, that a patient's condition is critical. The provider must also be able to accurately summarize all data in the form of a written report.

THE ABOVE NAMED APPLICANT HAS BEEN EXAMINED AND DEMONSTRATES SUFFICIENT HEALTH TO PERFORM THE ESSENTIAL FUNCTIONS IN THE PRE-HOSPITAL ENVIRONMENT AS DESCRIBED IN THE GENERAL DUTY REQUIREMENTS ABOVE INCLUDING VISUAL ACUITY, SPEECH, HEARING, AND THE USE OF EXTREMITIES.

_____ PRINT PROVIDER NAME	_____ PROVIDER'S LICENSE NUMBER	_____ STATE
_____ PROVIDER'S SIGNATURE	_____ DATE	

AUTHORIZATION FOR RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE EXAMINER NECESSARY FOR QUALIFICATION TO MY EMPLOYER FOR DETERMINATION OF MY ELIGIBILITY BY THE OFFICE OF EMERGENCY MEDICAL SERVICES.

_____ SIGNATURE OF APPLICANT	_____ SOCIAL SECURITY NUMBER	_____ DATE
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"Under HIPAA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."