

Medical Assessment Form

This individual has been under my care for _____ months / years.

Please identify any medical condition(s) that this person has that may affect his/her ability to complete a Primary/Advanced Care Paramedicine Program and then subsequently work in this occupation.

When considering what conditions to identify remember that this person must be eligible for a Class 4 Driver's License through the Department of Motor Vehicles of Nova Scotia and will have to complete a medical confirming this eligibility. The Maritime School of Paramedicine has the applicant perform a heavy lift test of 150 lbs during the interview process. They will have to complete a much more physically intensive test prior to being accepted for employment in the field involving cardiovascular exercises, endurance and heavy lifting.

Specific areas of concern are back, feet and general conditioning as they will be frequently asked to carry a stretcher with a patient up and down stairs. The candidate's psychological coping mechanisms will be repetitively tried as they will be exposed to stressful situations and be expected to communicate with families who are under extreme pressure.

They will be expected to shift work. Their work environment also predisposes them to a diet of fast food and a lack of exercise.

Date Identified	Illness/Injury
/	
/	
/	
/	
/	

Please use back of application if more space is required.

Do you consider this individual to be in: (Please identify the most appropriate answer)

Good or Above Average physical health

Poor or Below Average physical health

The Immunization Record (following page) must be completed by the physician or public health official and accompany this document. If your immunization record is incomplete many of the clinical sites used by the Maritime School of Paramedicine may refuse privileges to the student. Also consult with the physician regarding any other immunizations that may be available but are not required.

For each test indicate the name, phone number and address of the official verifying the test. This must be up to date and complete. Where blood work or other testing is indicated, please ensure documentation of successful immunization has occurred.

I verify that this individual appears to be in good physical and psychological health and fitness based upon my medical examinations and records.

Physician's Stamp (Including name and address):

Signature

Date

Note: The information contained in the Medical Assessment Form and the Immunization Record will be kept confidential and will only be reviewed by the Admissions Committee. It may be necessary to provide this information to clinical sites as proof of immunization and health status in order to secure clinical placements. In this situation the student will be informed by the Maritime School of Paramedicine.