



## Victor Valley College Paramedic Successful Intubation Form

Student Name: \_\_\_\_\_

Clinical Site Name / Department: \_\_\_\_\_

To the Program Director and/or Clinical Coordinator of the Paramedic Academy

The above student has successfully completed \_\_\_\_\_ INTUBATIONS and \_\_\_\_\_ assisted with bag-valve mask ventilations.

The student's technique was \_\_\_\_\_ Adequate, \_\_\_\_\_ Good, or \_\_\_\_\_ Excellent.

### Medical Doctor Signature

My signature below indicates that the above-named paramedic student has completed their Capstone Field Internship for the Victor Valley College Paramedic Academy.

Medical Doctor Signature: \_\_\_\_\_

Medical Doctor Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_