



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: _____