



## Victor Valley College EMS Student Medical Clearance Physical Form

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

### Reason for Referral

This physical evaluation form is required for participation within the Victor Valley College EMS Programs and clinical/field partners. The VVC EMS Programs require that students be able to complete the required physical activities, which are listed below with no restrictions:

#### Good physical stamina

Strength

Walking

Lifting

Pushing

Climbing

Stooping

Crouching

Reaching

Repetitive Movements

#### Endurance

Standing

Sitting

Carrying

Pulling

Balancing

Kneeling

Crawling

Rotational Movement

Eye-Hand-Foot Coordination

### Additional Activities

- Students must be able to sit/stand for extended periods of time, in the classroom or in the clinical/field environment.
- Students must be able to work long hours or continuous shifts.
- Motor coordination is necessary for the well-being of the patient, co-workers, and self over uneven terrain.
- Students must be able to safely carry patients while balancing equipment, negotiating stairs and uneven terrain.

### Medical Provider Signature

Student Medical Clearance forms **MUST** be completed by a licensed MD, DO, NP, PA.

My signature below indicates that the above names paramedic student is free to participate in the Victor Valley College EMS Programs **without restrictions**.

Medical Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider Agency: \_\_\_\_\_

**(This form must be stamped by physician's office)**

Stamp or business cards are also acceptable.