



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 named 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.