Yale NewHaven Health
Yale New Haven Hospital

Center for EMS Health Assessment Form

Student information

Name	DOB	☐ Male ☐ Female
Street Address	City/State/Zip	
Phone (Day)	Phone (Evening)	
Phone (Cell)	Other#	
Email address		

Person to Notify in case of Emergency

Name	Relationship
Street Address	City/State/Zip
Phone (Day)	Phone (Evening)
Phone (Cell)	Other #
Email address	

Student Past medical History

Current Medical Problems
Past Medical History
Past Surgical History
Allergies
Medications

Yale NewHaven Health
Yale New Haven Hospital

Center for EMS Health Assessment Form

Immunizations: **Titers Required for MMR, Hep B (or declination), Varicella and Proof of Vaccination for TDAP and COVID (with booster)**

MMR	Varicella
TDAP	Influenza
Hep B	COVID

Physical Exam: Check if normal; describe if abnormal

	Check If Normal	Describe Abnormal
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Lymphatic		
Extremities		
Neurological		
Ortho		
PPD/Date		

SIGNATURES REQUIRED: At the time of this exam, this individual is physically capable of performing the physical duties required of an EMT/Paramedic and is free of any evidence of communicable disease.

Examiner's signature: MD, DO, PA, NP	**Date:**