Yale NewHaven Health
Yale New Haven Hospital

Center for EMS Health Assessment Form

Student information

Name	DOB	
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

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Immunizations: **Vaccination Date or Positive Titer Date Required for MMR, Hep B (or declination), Varicella, TDAP (or declination), and Flu. Proof of Negative QuantiFERON Gold Test Within Past 6 Months**

MMR	Varicella
TDAP	Flu
Hep B	QuantiFERON GOLD

Physical Exam: Check if normal; describe if abnormal

	Check If Normal	Describe Abnormal
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Lymphatic		
Extremities		
Neurological		
Ortho		
Additional Comments		

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:**