



P.O. Box 36
WALWORTH, NEW YORK 14568
TELEPHONE: (315) 986-1123
WWW.WALWORTHFIRE-EMS.ORG

YOUR DONATION MAKES A DIFFERENCE!

PHYSICAL EXAMINATION GUIDELINES

To assist you in evaluation the individual, we suggest the following tests be performed as part of the physical examination:

- Audiogram
- PPD – tuberculosis
- Vision
- Musculoskeletal function

Please read over the list of tasks on the last page of this packet as you consider whether the applicant is physically and mentally capable of fulfilling the duties of an ambulance volunteer.

After completing the exam, we ask that you fill out this form attached. This form may be given to the individual for return to us, or you may mail it to the address provided above in our letterhead.

VOLUNTEER HIPAA RELEASE

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) guidelines, I agree to the release of the medical information found on this form to the Walworth Ambulance Inc. Board of Directors.

Applicant's Signature: _____ Date: _____

CERTIFICATION OF VOLUNTEER

I certify that I was physically examined in person and I have fully and truthfully answered all questions asked of me by the physician who examined me and presently know of no defect, infirmity, impediment or departure from normal good health that would in any way interfere with my serving as a volunteer driver, medic, assistant, or support member. Further, I understand Walworth Ambulance Inc. is to keep this medical record confidential and locked in a secure file. I consent to its use by the Board of Directors and Director of Operations, solely to determine my qualifications as a volunteer and for no other purpose.

Applicant's Signature: _____ Date: _____

WALWORTH AMBULANCE INC. PHYSICAL EXAM FORM

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

PHYSICIAN'S ASSESSMENT & EXAMINATION

PPD Test: _____

After reviewing this individual's medical history and status, it is my recommendation that he/she:

A. _____ is medically capable of performing the duties of an ambulance driver, emergency medical technician, or assistant.

B. _____ is medically capable of performing ambulance duties in only a support capacity, with certain physical limitations (list any limitations below).

Limitations: _____

C. _____ is medically incapable of performing any ambulance duties.

PHYSICIAN'S CERTIFICATE:

Physical exam performed by: _____ (print name) _____ (signature)

Date ___/___/___

Office Address & Phone No. _____

Tasks of an Ambulance Volunteer

In order to serve in any of the following capacities, a person must be physically and mentally competent to perform the following tasks without jeopardizing his/her health or safety, or another's health or safety, due to health related conditions or physical or mental disabilities:

Emergency Vehicle Operator, Emergency Medical Technician, Scene Assistant

- a. Meet all standards imposed by the Dept. of Health/Bureau of Emergency Medical Services for Emergency Medical Technicians
- b. Hold a valid and current NYS drivers license without restrictions, unless such restrictions can be reasonably accommodated by Walworth Ambulance upon a case by case basis
- c. Hear voices at a reasonable audible level from the distance of 15', though use of a hearing aid is permissible
- d. Hear radio communications at a reasonable audible level 6" from the radio speaker, though use of a hearing aid is permissible
- e. See at least 100' without any significant impairment, though use of corrective lenses is acceptable
- f. See in low light situations
- g. Possess manual dexterity sufficient to deftly and skillfully apply all treatments and perform all tasks of an EMT of their level (if certified)
- h. See small details sufficient to deftly and skillfully apply all treatments and perform all tasks of an EMT of their level (if certified)
- i. Withstand varied environmental conditions such as extreme heat, cold and moisture for prolonged periods of time
- j. Lift 125 pounds by themselves, without assistance, above waste level
- k. Carry a patient of 250 pounds down 20 steps utilizing a non-mechanical stair chair
- l. Raise a stretcher and patient with a combined weight of 300 pounds into the ambulance, with one set of wheels in the ambulance, and with the ambulance level with the ground, and also at an inverse downward angle of ten degrees (such as on a downward hill)
- m. Bend, stoop and crawl without limitation on uneven terrain
- n. Bend, reach and flex so as to be able to lift and place objects
- o. Speak clearly so as to be understood
- p. Have the mental capacity to understand and competently deal with hazardous emergency situations
- q. Have the maturity to handle sensitive issues
- r. Have the mental capacity to make difficult choices in stressful conditions