

BEDFORD-STUYVESANT VOLUNTEER AMBULANCE CORPS
Health Certification

INSTRUCTIONS: *Have this form completed and signed by your medical professional, then return it to BSVAC.*

Volunteer's Name: _____ Date of Exam: _____

Most Recent Immunizations: (*check all that apply*)

_____ MMR (2 doses) given when above-named was a child (*no additional measles or rubella vaccinations required*)

_____ Measles / Date administered: _____

_____ Rubella / Date administered: _____

_____ Influenza / Date administered: _____ (*influenza vaccination may be recommended but is not required*)

_____ Other: (provide details)

Medical Evaluation (Physical) Results: (*check one*)

_____ Medical evaluation (physical) of the volunteer indicates that she/he is physically fit and healthy, free from communicable disease, and can perform the functional job requirements set forth below without limitations or special accommodations

OR

_____ Other: [explain and describe any limitations/special accommodations for the volunteer's service]

<u>Functional Job Criteria for an Ambulance Crew Member</u>	<u>Skills Routinely Performed</u>
<ul style="list-style-type: none">▪ Able to communicate effectively orally and in writing▪ Able to maintain judgement and composure in a stressful environment▪ Able to be unaffected by loud noises or flashing lights▪ Able to lift, carry, and move 250 lbs with a partner▪ Able to complete a work shift of a minimum of 6 hours▪ Possesses good manual dexterity▪ Able to withstand extremes of heat, cold and other environmental conditions▪ Able to bend, stoop, crawl and climb on uneven terrain▪ Able to perform and/or assist with the skills to the right	<ul style="list-style-type: none">▪ Cardiopulmonary Resuscitation *▪ Patient exam and assessment *▪ Airway Management *▪ Oxygen and Ventilation *▪ Carrying Persons of varying weight and degree of difficulty▪ Removing persons from enclosed spaces, crashed vehicles, and other austere environments▪ Carrying bags and equipment▪ Completing standardized forms <p>* Not expected for crew members who are drivers only</p>

MEDICAL PROFESSIONAL SIGN AND COMPLETE BELOW:

Signed: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____