

**HUTCHINSON COMMUNITY COLLEGE
EMS EDUCATION**

**1809 E. Essex Road
HUTCHINSON, KS 67501**

**800-289-3501 EXT 4408
620-728-4408**

HEALTH HISTORY

(To be completed by the applicant)

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

To successfully progress through the paramedic curriculum and function as a practicing paramedic upon graduation, an individual must be able to perform certain physical and mental activities. The following abilities, functions and core performance standards shall be possessed by all applicants/students to be considered for admission or to be retained in the program after admission.

- **Critical thinking** ability sufficient for clinical judgment, including sufficient intellectual functioning and emotional stability to plan and implement care for clients; critical thinking to identify cause-effect relationships, plan/control activities for others, synthesize knowledge and skills, and sequence information.
- **Analytical thinking** ability sufficient to transfer knowledge from one situation to another, process information, evaluate outcomes, problem solve, prioritize tasks, and use long and short term memory.
- **Interpersonal skills** sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds; negotiate interpersonal conflict; respect differences in clients; and establish rapport with clients and co-workers.
- **Emotional stability** to establish therapeutic boundaries, provide client with emotional support, adapt to changing environment/stress, deal with the unexpected (e.g., client going bad, crisis), focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, and handle strong emotions (e.g., grief).
- **Gross motor skills** to move within confined spaces, sit and/or stand and maintain balance, reach above shoulders (e.g., IV poles), and reach below waist (e.g., plug electrical appliance into wall outlets).
- Manual dexterity of **fine motor skills** with the ability to handle small objects picking up objects with hands, grasping small objects with hands (e.g., IV tubing, pencil), writing with pen or pencil, keyboarding/typing (e.g., use a computer), pinching/picking or otherwise working with fingers (e.g., manipulate a syringe), twisting (e.g., turning objects/knobs using hands), squeezing with finger (e.g., eye dropper) and to perceive texture.
- **Physical endurance** with ability to stand (e.g., at client side during surgical or therapeutic procedure), to sustain repetitive movements (e.g., CPR), and to maintain physical tolerance (e.g., work entire shift).
- **Physical strength** with ability to push and pull 25 pounds (e.g., position clients), support 25 pounds of weight (e.g., ambulate client), lift 25 pounds (e.g., pick up a child, transfer client), move light objects weighing up to 10 pounds (e.g., IV poles), move heavy objects weighing from 11 to 100 pounds and carry up to 25 pounds frequently, but occasionally may exceed these limits; stoop, kneel, crouch and /or crawl at appropriate times as needed; push or pull with hands and arms as needed; stand and/or walk as the job requires in the performance of duties; defend self against combative client, carry equipment/supplies, use upper body strength (e.g., perform CPR, physically restrain a client), squeeze with hands (e.g., operate fire extinguisher).
- **Mobility** needed to twist, bend, stoop, squat, move quickly (e.g. response to an emergency), and climb (e.g., ladders/stools/stairs).
- **Hear** normal speaking level sounds (e.g., person-to-person report), faint voices and faint body sounds (e.g., blood pressure sounds, assess placement of tubes) accurately to perform skills and techniques needed to gather information relevant to the client's care. Hear in situations when not able to see lips (e.g., when masks are used), and hear auditory alarms (e.g. monitors, fire alarms, call bells).
- **Visual acuity** required to assess client's condition, to evaluate test results, to discriminate between colors, and to maintain safe environment; see objects up to 20 inches away (e.g., information on a computer screen, skin conditions), see objects up to 20 feet away (e.g., client in a room), see objects more than 20 feet away (e.g., client at end of hall), use depth perception, use peripheral vision, distinguish color (e.g., color codes on supplies, charts, bed), and distinguish color intensity (e.g., flushed skin, skin paleness).
- **Tactile** to feel vibrations (e.g., palpate pulses), detect temperature (e.g., skin, solutions), feel differences in surface characteristics (e.g., skin turgor, rashes), feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks), detect environmental temperature (e.g., check for drafts).

- **Smell** to detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.), detect smoke, and detect gases or noxious smells.
- **Reading** to read and understand written documents (e.g., policies, protocols).
- **Mathematical Competence** to read and understand columns of writing (flow sheet, charts), digital displays, graphic printouts (e.g., EKG), graphs (e.g., vital sign sheets), measurement marks (e.g., measurement tapes, scales, etc.); calibrate equipment, convert numbers to and/or from the Metric System, tell time, measure time (e.g., count duration of contractions, etc.), count rates (e.g., drips/minute, pulse), use measuring tools (e.g., thermometer), add, subtract, multiply, and/or divide whole numbers, compute fractions (e.g., medication dosages), use a calculator, write numbers in records, perform algebraic equations to calculate medication dosages.
- **Communicate**, both verbally and in writing, in order to respond to clients, families, and the members of health care team, teach (e.g., client/family about health care), explain procedures, give oral reports (e.g., report on client's condition to others), interact with others (e.g., health care workers), speak on the telephone, influence people, direct activities of others, and convey information through writing (e.g., progress notes), read, interpret, and record clinical data appropriately; complete theory assignments such as , but not limited to, writing nursing care plans, test-taking, and giving oral reports.

Is there anything that would prevent you from performing the core standards as documented above? Yes No

Please explain: _____

Student's statement of ability: I am able to perform the standards as described above.

Student Signature: _____

Hospitalization in last few years—give reason for diagnosis _____

Operations/Amputations—when, what, why—if not described above _____

Serious accidents or injuries—head, fractures, burns, etc.—if not described above _____

Disabilities _____

Allergies-medications, food, pollens, latex, etc.-and describe reactions _____

Do you use alcohol? Yes No If yes, how often? _____

Have you been treated for, or counseled relating to abuse of alcohol or other substances? Yes No

If yes, please explain _____

Have you ever used drugs or controlled substances? Yes No

If yes, what substance did you use? _____

If yes, when was the last date of use? _____

Please list all medicines you are currently taking on a routine basis _____

Please list all medicines you are currently taking on an "as needed" basis _____

Check the appropriate boxes of any of the following that you ever have had or that you currently have:

Check each item	Never Had	Have Had	Now Have	Check each item	Never Had	Have Had	Now Have
Active herpes simplex				Hepatitis A, B, or C			
Anemia and/or sickle cell and/or pernicious anemia				Herpes zoster (shingles)			
Arthritis				Hypertension/High blood pressure			
Asthma				Hypoglycemia			
Autoimmune deficiency syndrome (AIDS)				Infectious mononucleosis			
Back problem(s)				Jaundice			
Bladder/bowel problems				Kidney or renal disease			
Bleeding tendency				Lifting restrictions			
Blood infection				Liver disease			
Bloody urine				Malaria			
Cancer				Menstrual problems			
Colitis				Mental / nervous disorder			
Convulsions or epilepsy				Migraine headaches			
Cystitis				Polio			
Deafness				Pleurisy			
Depression				Pneumonia			
Diabetes				Rheumatic fever			
Epilepsy or seizure disorder				Rheumatism			
Eye injury/disease/disorder				Scarlet fever			
Fainting				Sexually transmitted disease			
Gout				Scoliosis			
Glaucoma				Spitting blood			
Head injury/unconsciousness				Stroke			
HIV positive				Tuberculosis			
Hay fever				Tumor (benign/malignant)			
Heart disease/condition				Ulcer (stomach or duodenal)			
Heart murmur				Urinary Tract Infection			
Hemorrhoids				Varicose Veins			

Do you currently have a problem with:

	Yes	No		Yes	No		Yes	No
Abnormal fatigue			Earache			Nicotine use		
Back injury/problem(s)			Fever, sweats			Respiratory system		
Chest pain			Frequent colds			Severe headaches		
Chronic cough			Frequent infections			Shortness of breath		
Color-blindness			Gum/tooth problems			Sinus problems		
Diarrhea			Hearing			Unusual weight gain/loss		
Dizziness, fainting, balance			Insomnia/Anxiety			Vision		
Dysentery			Joint/bone pain/injury			Weakness episodes		

Describe and discuss any of the above conditions marked as “have had”, “now have”, or “Yes”: _____

Students entering the health care programs should be aware that they will be in close contact with other individuals having a variety of health problems in which the etiology (cause) may or may not be known. The health care programs have specific precautionary requirements based on the type of exposure and/or clinical agency policies. It is the responsibility of each student to know and follow the program guidelines for necessary precautions against contracting and transmitting disease.

Students enrolled in any of the health care programs at Hutchinson Community College who experience any injury or who have been diagnosed with an infectious disease, or who have been exposed to an infectious disease that could place their patients at risk should immediately inform the program director of that health care program. Students diagnosed with an infectious disease, should bring a written statement explaining the counseling and education received to prevent further spread of the infection. Students who know they have been exposed to an infectious disease should do likewise. An understanding of universal/barrier precautions is required. All matters surrounding students with or exposed to an infectious disease will be held in strict confidence. However, students with infectious diseases which pose a significant risk to patients will need to sign a waiver for the program director to release information regarding the disease to the appropriate agents of the college and clinical agency where the students are assigned for clinical instruction. If universal/barrier precautions are compromised and an exposure occurs during an educational assignment, a written statement must be provided by the student to the program director. This statement must include the date and circumstances of the exposure, and document that within ten (10) days after the exposure, the student had been tested for HIV and/or HBV. Students will be referred to the Reno County Public Health Department or other designated medical agency for counseling and education. If a student refuses to adhere to any of the above stated guidelines or fails to notify the program upon awareness of a condition, he/she may be dismissed from the health care program.

All health care costs are to be assumed by the individual student. Neither the college nor the clinical agency in which students are assigned is responsible neither for the provision of any health care nor for any payment costs related to an injury or the exposure to/of infection with a disease. Students may be asked to provide a physician's statement to explain absences and/or to justify reentry into the class or clinical setting. This is for the safety of the patients that will be treated, as well as the student.

Attach all current Immunization Records to this form.

I am aware that during the paramedic program in which I am participating certain risks and dangers to my physical, psychological, and/or emotional well being may occur including, but not limited to, accidents and illness. I am aware and understand that said risks are inherent in and a part of said program, and I fully acknowledge my awareness of those risks and dangers which may include but are not limited to being exposed to patients who may have AIDS, Herpes, Hepatitis or other infectious diseases.

I am also aware and understand that throughout the program I will be asked to perform invasive procedures on fellow paramedic students which may include, but are not limited to, injections and intravenous insertions. I understand I have a right to choose not to participate in these procedures in the simulation lab but will be held accountable for these invasive procedures in the simulation lab and the clinical area. Personal protective barriers are available and required for my safety.

In consideration of, and as partial payment for the right to participate in the health science program, I have and do hereby assume all the above mentioned risks and will hold Hutchinson Community College and affiliated clinical institutions harmless from any or all liabilities, actions, causes of actions, debts, claims, and demands of any kind and nature whatsoever I now have or which may arise in connection with this course. The terms hereof shall serve as the release of an assumption of risk and shall be binding upon my heirs, executors, and administrators and for all members of my family, including any minors.

I certify that the above information is true and accurate to the best of my knowledge, and hereby authorize my personal physician to furnish Hutchinson Community College any and all information they should request concerning my medical history and/or physical condition. A photo static copy of this authorization shall be considered as effective and valid as the original. I acknowledge that neither the College nor any of its affiliations is responsible for health care provision or costs in the case of any injury, or the exposure to or infection with a disease while I am participating in program-related activities. I hereby release Hutchinson Community College and the affiliating agencies from any and all claims or responsibility for insurance and hospital or health insurance benefits for health care services.

(Signature of student)

(Date)

Hepatitis B Vaccine Waiver

Hepatitis B is a liver disease that can lead to cirrhosis, liver cancer and even death. It is caused by a virus (HBV) that is very contagious and transmitted primarily through infected blood, skin puncture, body secretions, sexual contact, and breast milk, as from a mother to newborn. After exposure, symptoms usually occur after four to six weeks. They may be so minimal that they are attributed to the flu or so involved as to cause nausea and jaundice with elevated liver enzymes and possible permanent liver damage. Precautions to prevent infection include isolation barriers (such as gloves), avoidance of accidental puncture wounds or cuts, and immunization. A person's immunity level can be elevated by inoculation with hepatitis B immune globulin. Three vaccines are currently available—Heptavax B, Recombivax and Engix. A series of three shots over a six-month period is necessary. Any person who will have potential contact with blood and infectious materials should be immunized.

A physician or County Health Department will be able to provide additional information regarding the vaccine and/or the disease. Although there is not a 100% guarantee that an individual will be immunized after the vaccination series, the chances are very high. A sore, achy arm at the injection site is the most common possible side effect. Other less common side effects include swelling and redness, warmth at the injection site, low-grade fever, fatigue, headache, joint aches, etc., which usually subside within 48 hours. It is not clear how long the vaccine is effective. However, booster shots are not routinely recommended within seven years of the vaccination. Neither Hutchinson Community College nor any of the affiliated clinical agencies in which students are assigned pays or provides for the provision of health care to students exposed to or infected with a disease while they are students with the college or at the clinical agency. Any student, therefore, who is diagnosed with an infectious disease or is exposed to an infectious disease, is responsible for his/her own health care. Should the student decide not to protect him/herself from potential hepatitis B infection by getting the HBV vaccine, that student must sign the following Hepatitis B Vaccine Waiver Statement.

Hepatitis B Vaccine Waiver Statement for students opting to refuse the Hepatitis B Vaccine Series

I have been informed regarding Hepatitis B and the recommended precautions that should be taken to protect myself from this disease. I also understand that due to my exposure to blood or other potentially infectious materials while in the clinical experiences of a health career program, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I understand that by not getting the Hepatitis B vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I further understand that neither Hutchinson Community College, its health career programs nor the clinical agencies is responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B Virus. I refuse to receive the Hepatitis B Vaccine at this time. I understand the increased risk to health care professionals and have been encouraged to receive this vaccine.

(Student Signature)

(Date)

(Print Name)

Person to Notify in Case of Emergency _____ Relationship _____

Home Phone _____ Work Phone _____

In an emergency, I authorize the college or fieldwork site personnel to use their discretion regarding emergency procedures. _____

(Student Signature)

(Date)

Insurance Card Copy: