

**SHAWNEE STATE UNIVERSITY
OHIO EMERGENCY MEDICAL TECHNICIAN COURSE**

ADMISSION INTERVIEW

Name _____ Social Security _____

Address _____

Phone _____ Age _____ Sex _____ Marital Status _____

Email _____

Date of Birth _____ Driver's License # _____

Entrance Requirement Checklist:

- _____ 1. High school diploma/transcript
- _____ 2. Driver's license, proof of age
- _____ 3. Health examination
- _____ 4. Criminal History Statement
- _____ 5. Conference with Program Director
- _____ 6. Proficiency exam (reading)

Education Data:

High School _____ Date of Graduation _____

College _____ Major _____

of Quarters./Semesters. _____ # of credit hours _____

Emergency Medical Education _____

Work Experience:

Place of Employment _____

EMS Experience _____

Other Experience _____

Other Activities:

School-Related _____

Hobbies, Interests _____

Knowledge of Field:

What do you know about EMS? _____

Why do you want to become an EMT - Basic? _____

What is your career goal? _____

Why have you chosen Shawnee State University? _____

SHAWNEE STATE UNIVERSITY
Emergency Medical Technology
940 Second Street
Portsmouth, OH 45662
Accreditation #325

PRE-ENTRANCE MEDICAL RECORD

Name _____ Date of Birth _____

Address _____

Marital Status _____

Family History:

Medical History of Applicant:

Physical Examination:

Ht. _____ Wt. _____ Temp. _____ Pulse _____ B.P. _____

Near Vision: RIGHT _____

 LEFT _____

Distant Vision: RIGHT _____

 LEFT _____

Condition of: (N: Negative, Normal; X: Abnormal; NE: Not Evaluated; Please explain abnormalities and indicate recommended corrections under "Remarks.")

_____ Head _____ Teeth _____ Abdomen _____ Lymphatics

_____ Eyes _____ Neck _____ Genitalia _____ Neurological

_____ Nose _____ Chest _____ Back _____ Musculoskeletal

_____ Throat _____ Lungs _____ Extremities _____ Psychiatric

_____ Mouth _____ Heart _____ Skin _____ Date of LMP

Routine Medication:

TESTS: Please attach copies of reports (if indicated in the physician's judgment).

Mantoux Test / 2-step TB Test (no more than 1 year old):

Date Given (MM/YY): _____

Date Given (MM/YY): _____

IMMUNIZATIONS:

Tetanus: Date Given (MM/YY): _____

Hepatitis B (3 injections over the last 6 months):

*This series only needs to be started upon enrollment

Date Given (MM/YY): _____

Date Given (MM/YY): _____

Date Given (MM/YY): _____

MMR: Date Given (MM/YY): _____

Flu Shot: Date Given (MM/YY): _____ Location: _____

REMARKS:

PHYSICIAN'S STATEMENT (may also be signed by a Nurse Practitioner)

I certify that the above named applicant is in sound physical condition. The above named applicant is in good normal health, has the ability to lift and carry up to 100 pounds, and properly distinguish color and has visual acuity suitable for driving (correction by-lenses permitted). The above named applicant has the ability to run, climb, dig, pull, and engage in other strenuous physical activities associated with the job of emergency medical technician. The above named applicant is free from communicable diseases.

DATE: _____

SIGNATURE: _____ M.D.

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Criminal History Statement

I, _____, hereby declare that I have not been convicted of, pled guilty to, or had a judicial finding of guilt for any of the following: Fraud or material deception in applying for, or obtaining a certificate to practice; any of the following felonies: Murder, aggravated murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, aggravated burglary; a misdemeanor, other than a traffic violation committed in the course of practice, a misdemeanor involving moral turpitude; a violation of any federal, state, county or municipal narcotics law, any act committed in another state that, if committed in Ohio, would constitute a violation set forth in 4765-8-01 (A) (3) (b) of the Ohio Administrative Code.

Signature

Date

Witness

Date