



AMERICAN PROFESSIONAL EDUCATIONAL SERVICES

Emergency Medical Technician Medical Clearance Form

One American Way
Norwich, CT 06360

_____ has been examined by me, on
(Student's Name Printed)

the following date of _____, and found to be in good physical condition, free of communicable diseases and is physically able to participate in Emergency Medical Technician training program.

Restrictions (Visual, audible, sensory, or motor function)

Medications (if any):

PPD Results Positive: _____ Negative: _____ Date Read: _____

Print Physician's Name

Signature of Physician

Practice Name: _____

Address: _____

Phone Number: _____

Immunization Documentation Requirements for Emergency Medical Technician Clinical Rotations

The following immunizations and tests are required for entry into your clinical training and to maintain your ability to function as a student in the clinical settings.

TB/ PPD Mantoux (Tuberculosis): *This test is required for students of ALL programs American Professional Educational Services offers* and must be current throughout your clinical rotation time. This test is valid for a period of 6 months to one year. Depending on the facility, this test may have to be repeated prior to starting or finishing clinical time. Documentation must be attached to the physical release form.