

## BCC EMS Program Health Requirements

Certain health requirements must be met and documented prior to entering our contracted clinical and field sites. It is important you begin this process early, as the requirements are due shortly after the start of class. These requirements are subject to change.

Immunizations/Vaccinations (due date listed in you course schedule) include many childhood immunizations which could be found through your personal physician, the county health department, or your parent or guardian. For those working in healthcare, your employee health division could also be an option. If you cannot locate these records, you can take a simple blood test, called a titer test, which checks for antibodies for many of these required items.

### 1. Immunizations/Vaccinations and tests:

- i. Current **Influenza** (flu) Vaccination (required October - March)
- ii. Two (2) **Measles, Mumps, Rubella** (MMR) vaccinations or positive antibody titer
- iii. History of Chicken Pox (documentation required) or 2 **Varicella** immunizations
- iv. **TB skin test** (PPD within the past year) or chest x-ray or TB Screening form. **This is a two-step process**, required two separate TB skin tests performed and read within 7-21 days of each other. TB screening is due every 12- months. Contact your physician or county health department to have this accomplished.
- v. **Tetanus** vaccination within the last 10 years (must remain current during the course)
- vi. Three (3) **Hepatitis B** vaccinations or a signed declination statement.
- vii. June 2023- Novant Health suspended the requirement for a completed **COVID-19** series, so that is no longer a current requirement.

### 2. History & Physical Certification Form

- i. A physician must complete the BCC EMS History & Physical Certification form.

### 3. Drug Screening and Criminal Background Check

- i. **Drug Screening** will occur after class begins, through a third-party vendor, which the student with pay for and communicate with directly. NOTE: Marijuana, include some THC products, can stay in your system for more than 45 days.
- ii. **Criminal Background Check** will occur after class begins, through a third-party vendor, which the student with pay for and communicate with directly. Any felony convictions or pending misdemeanor charges, other than minor traffic violations, may result in ineligibility to attend clinical, which would result in failure to progress through the class which would result in unsuccessful completion of the course.

Please contact the BCC EMS Program Director with any questions, at 910-755-7387



**HISTORY & PHYSICAL CERTIFICATION FORM FOR EMS STUDENT JOB FUNCTIONS**

The North Carolina Community College System and other national standards require that Emergency Medical Services (EMS) students have a History and Physical completed by a Healthcare Provider (HCP) certifying that they are physically and emotionally able to perform the duties of a health professional in providing safe care to patients. In addition, the student is required to provide proof of immunity to certain diseases, and complete screening for tuberculosis. The student has a list of these requirements should he/she require your assistance in completing them.

**To the HCP: Please use your office forms to complete the H&P. BCC does not require a form for our files. We only require that this page be completed, stamped, and returned to us. The student has a list of EMS job functions to share with you.**

**Please complete the following:**

Student (patient) \_\_\_\_\_ DOB: \_\_\_\_\_

I have examined the above named patient on this date, \_\_\_\_\_, and based on my assessment of this student's physical, mental, and emotional health he/she appears:

**ABLE** to participate in the activities of an EMS student in the clinical setting.

**NOT ABLE** to participate in the activities of an EMS student in the clinical setting

*If no, please explain* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of MD/NP/PA Date

\_\_\_\_\_  
Name/Stamp Phone

\_\_\_\_\_  
Office Address (Street, City, State, Zip)

**To be completed by the Student:**

*I understand that in certain situations I may be required to provide a copy of my History & Physical to a clinical affiliate partner at their request, per the clinical and field contracts. An example would be a review of the institution by an accrediting or oversight organization (i.e. NCOEMS, CoAEMSP, CAAHEP, OSHA, etc.). I also understand, and agree to maintain my health during my enrollment in the EMS program, and to seek assistance when needed, knowing that a failure to do so may compromise the health and safety of the patients in my care.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_