



## Emergency Medical Services Paramedic Program Clinical Checklist

All students need a provider background check along with a medical exam which includes specific requirements needed to participate in the clinical environments of hospital emergency rooms. MATC provides the background checks.\* **The cost of the drug testing, health examination and immunizations are your responsibility. You may be able to obtain health care services at your local Health Department.**

### Background Checks and DMV abstracts

The first step in the process is to complete the background and DMV abstracts request forms and bring them to the first day of class. Your instructor will be collecting them and submitting them for processing.

### Health Screening

The Paramedic course includes clinical time in hospital which require a health screening. The cost of the health screening and vaccinations is the students responsibility. You may be able to obtain health care services at your local Health Department or clinics such as Walgreens. The requirements are contained in this document and must be completed with authorized signatures before clinical time at the hospitals.

### TO DO LIST:

Criminal Background Check / Healthcare BID / DMV

- ✓ Complete all Background and DMV forms
- ✓ Submit both of these completed forms and your proof of payment to the instructor

Health Requirements:

- ✓ Complete all requirements, submit documentation (some examples of accepted documentation include: Wisconsin Immunization Registry, military health records, other official vaccination records)
  - Physical Exam (form attached or on provider letter head/form)
  - **Varicella** - had Chicken Pox? Or Varicella Vaccine #1 & #2 or Varicella Titer
  - **Tuberculosis** – If past positive result, a clear chest x-ray (lab report required)
    - A two-step skin test with negative results within 3 months of initial clinical start or
    - If your 2 step TB skin test is more than 12 months old, a past 2 Step TB skin test plus a 1 step TB skin test with 3 months of clinical start date or
    - Quantiferon Gold TB or
    - Negative chest x-ray within 12 months of clinical start
  - **Tetanus (DTaP)** - within 10 Years of program entry OR new vaccination.
  - **Measles, Mumps Rubella** - #1, #2 or Titer results for MMR
  - **Hepatitis B** - #1, #2, #3 or a letter signed by you stating “I do not wish to decline the Hepatitis B vaccine. I am currently in the process/or have completed the series.  
Understand that full immunity requires three doses of vaccine over a nine-month period.
  - **Current Flu shot** – or the form requesting exemption completed
  - **COVID vaccination**
- ✓ Submit your completed forms and to the instructor
- ✓ Obtain and provide current 10 panel drug screen results – some options are:
  - Your primary physician
  - [www.anylabtestnow.com](http://www.anylabtestnow.com)