



EMT Internship

PATIENT ASSESSMENTS

Name: _____
LAST NAME (Please Print) FIRST NAME

Last 5 of SSN: _____ Course No.: EMS-106-S019-2014

The EMT students must assess and record assessments and care rendered on an ambulance runsheet (eMeds or agency approved form) for each patient:

- Vital signs
- History
- Assessment
- Documentation of time
- Treatment provided
- Transport/communication

NOTE: The student must complete a minimum of 10 satisfactory patient assessments.

Patient _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Remedial Practice <input type="checkbox"/> Satisfactory Remedial	Date: _____ Date: _____
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Comments: _____

BY MY SIGNATURE 1. UNDERSTAND THAT ALL OF THE ABOVE INFORMATION I HAVE GIVEN IS SUBJECT TO VERIFICATION
I HEREBY: 2. AFFIRM AND DECLARE THAT ALL OF THE ABOVE INFORMATION I PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
 3. ACKNOWLEDGE THAT ANY FRAUDULENT ENRTY MAY BE CONSIDERED SUFFICIENT CAUSE FOR REJECTION OR SUBSEQUENT REVOCATION

Student Signature: _____ Date: _____

Field Training Coach: _____
Please Print

Signature _____ Date: _____

