

SANTA BARBARA CITY COLLEGE
EMT Physical Exam Form

Student Name _____

To be completed by the student

A. Diseases or conditions you have had or have now: (give approximate dates)

Abnormal Back X-ray _____	Diabetes _____	Jaundice _____
Abnormal Bleeding _____	Dizzy Spells _____	Joint Problems _____
Abnormal Chest X-ray _____	Ear Aches _____	Kidney Disease _____
Abnormal EKG _____	Emotional Illness _____	Knee Problems _____
Alcoholism _____	Epilepsy _____	Liver Problems _____
*Allergies _____ (list below)	Excessive Fatigue _____	Loss of Appetite _____
Anemia _____	Eye Problems _____	Menstrual Difficulties _____
Arthritis _____	Fainting Spells _____	Migraine _____
Asthma _____	Frequent Cough _____	Mononucleosis _____
Back Problems _____	Frequent Headaches _____	Neck Problems _____
Back Strain _____	Frequent Urination _____	Nervousness _____
Blurred Vision _____	Gallbladder _____	Pain/Swollen Testicles _____
Breathing Problems _____	Gastric Ulcer _____	Palpitations _____
Bronchitis _____	GI Bleeding _____	Polio _____
Cancer _____	Hearing Problems _____	Rheumatic Fever _____
Colds (frequent) _____	Heart Disease _____	Skin Disease/Itching _____
Constipation _____	Hepatitis _____	Thyroid Disease _____
Convulsions _____	Hernia _____	Tuberculosis _____
Deformity _____	High Blood Pressure _____	Varicose Veins _____

Sensitivity / Allergy to LATEX Yes _____ No _____ If yes, describe: _____

*Allergies: _____

Remarks: _____

- B. List:
1. Any serious illness you have had – and date(s) _____
 2. Any surgeries you have had – and date(s) _____
 3. Any injuries you have had – and date(s) _____
 4. Do you smoke? _____ How much? _____
 5. Do you drink alcohol? _____ How much / often? _____

C. Are you under a doctor's care now? _____ Name of Doctor _____
Reason for care _____

D. List medications taken regularly _____

I HEREBY CERTIFY THE FOREGOING RESPONSES TO BE TRUE:

DATE: _____ SIGNATURE OF APPLICANT _____

Please hold on to your physical exam until advised where to submit it by your instructor.