



## Marion Technical College

1014 SW 7<sup>TH</sup> ROAD, OCALA, FL 34471 | PHONE: (352) 671-7200 | FAX: (352) 671-7297

### **FIRE FIGHTING I/II & EMT COMBINED PROGRAM FIRE FIGHTING I/II ONLY FIREFIGHTING II ONLY**

Classes are located at the Florida State Fire College Campus, 11655 NW Gainesville Road, Ocala, FL 34482. Classes are held Monday through Friday 8AM to 5PM with Physical Fitness at 7AM.

Request a tour by calling 352-369-2875. Seats are limited, apply now.

#### **APPLICATION PROCESS (all forms must be turned into Marion Technical College)**

All applicants must turn in the following items to be considered for firefighting classes:

- MTC Application
- A \$20 application fee (non-refundable)
- Copy of TABE, ACT, SAT or PERT test scores, or copy of Associates of Arts (AA) degree or higher
- Copy of **current** CPR card (AHA's Healthcare Provider or ARC's Professional Rescuer)
- Official High School Transcripts
- Immunization form (must provide proof) signed and dated
- Valid Driver's License
- Passing of CPAT test within 1 year or less

<u>ACT</u>		<u>CPT</u>		<u>PERT</u>		<u>SAT</u>		<u>TABE (A Level)</u>	
English	17	Reading	83	Reading	104	Math	440	Language	10
Reading	18	Sentence Skills	83	Writing	99	Verbal	440	Reading	10
Mathematics	19	Elementary Algebra	72	Math	113			Total Math	10

MTC accepts Pell Grant (combined program only), Bright Future, Florida Prepaid, VA Benefits and other funding agencies. Firefighting I/II and Firefighting II only applicants could qualify for MTC Financial Aid but must apply for the Pell Grant. Contact our Financial Office at 352-671-7203; there are no student loans available. All fees will be paid at orientation. MTC accepts VISA, MasterCard, Discover, American Express, cash, and checks - **checks should be made payable to "Marion County School Board"**.

Firefighting I/II & EMT Combined is offered January and July (21 Weeks)

- Firefighting I (FFP0010)
  - Wildland & Forestry
- Firefighting II (FFP0020)
  - HAZMAT
- Emergency Medical Technician (EMS0110)

Firefighting I/II only is offered March and September (12 Weeks)

- Firefighting I (FFP0010)
  - Wildland & Forestry
- Firefighting II (FFP0020)
  - HAZMAT

Firefighting II only is offered February, April and August (9 Weeks)

- Firefighting II (FFP0020)

### **CPAT (Candidate Physical Agility Test)**

All Applicants must have a current C-PAT consisting of firefighting scenarios. Prospective students must complete the test in less than 10 minutes and 20 seconds. Please go to **[www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)** to register and pay. No other form or type of C-PAT will be accepted. After passing the C-PAT the candidate **must go to CTAE and start the registration process or call Yvette (352-671-4132)** to be placed in a class.

CPAT Test Fee	\$125 (includes 2 C-PAT orientations)	CPAT Practice Test	\$35
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Please refer to the attached 'CPAT Enrollment' sheet for detailed information on how to register for the test.

Also during the course, the student will be required to continue physical training. At the start of Firefighter II the student will need to pass the Physical Agility test, which consists of completing as many proper sit ups as possible but a minimum of 45 in two minutes, as many proper push-ups as possible but a minimum of 25 in two minutes, and complete a 1.5 mile run in 12 min 30 sec or less. Students who do not successfully complete all evolution's and at least meet the minimum requirements stated will not be allowed to continue in the class.

Students **MUST** remain clean shaven at all times during the length of the program.

Yvette R. Campetella, Clerk at Marion Technical College (352) 671-4132  
**[yvette.campetella@marion.k12.fl.us](mailto:yvette.campetella@marion.k12.fl.us)**

Raquel Freytes, Clerk at Marion Technical College at the  
Florida State Fire College Campus (352) 369-2875  
**[raquel.freytes@marion.k12.fl.us](mailto:raquel.freytes@marion.k12.fl.us)**

Fire Fighting I/II  
CPAT ANSWER SHEET

National Testing Network's (NTN) site: [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)

### CPAT Enrollment Process

Click on "CPAT Testing" on the left side of the screen
Read through "CPAT at NTN". Scroll down to read through the CPAT Orientation Guide found at the bottom portion of this page. This will explain what will be required of you during the test. Click on "Schedule a CPAT" if you wish to continue.
You will now choose where you want to test. Click on "Florida" and then select "Community Technical and Adult Education (CTAE)". Select "Continue".
You will now be asked if you would like to schedule your CPAT Orientation Session. If you choose not to take the orientation, you will be required to sign a waiver. Click "Yes" now if you want to schedule your orientation. Click "No" if you do not.
<b>If yes</b> , you will be taken through the date selections for your orientation(s) and then your practice test(s).
➤ Two CPAT Orientations are included in the test price. This is two orientation sessions within the eight (8) weeks prior to the test.
<b>If no</b> , you will be asked to schedule your practice test. It is a required/mandatory part of the Pre-Test Program. If you choose not to attend a practice test, you will be required to sign a waiver. There are no refunds for unused practice tests.
➤ CPAT Practice tests will be offered for an additional \$35 per session. This includes an actual timed run of the CPAT within 30 days of the test. Because of the physical demands required, it is suggested that you do not schedule a practice test & the CPAT on the same day.
If you answered "No" to the orientation and/or practice test, read through the "Acknowledgement & Waiver of CPAT Pre-Test Program". Click "I Agree" or "I do not agree" at the bottom of the page.
Select the date that you would like to take your CPAT.
Select the time that you would like to test and click "Submit".
Confirm your CPAT details. This includes the date(s) you have selected, what to expect upon arrival, CPAT forms, and what to bring. You might want to print this for future reference. If you understand, click "I understand – Continue".
If you are new to NTN, you will now need to register for an account. Click on "Register for a new account". If you already have an account, enter your log-in information now.
Add your voucher now if you have one. Any additional fees that the voucher does not cover will be charged to your credit card.
➤ FireTEAM - Students in CTAE Firefighting I/II will be issued a voucher for Fire Team towards the end of the program.
Please enter your credit card information at the bottom of the page. NTN accepts credit cards <b>only</b> . A receipt will be sent to your email. Click "Continue" to process your payment and guarantee enrollment.

### Prices

- Base Test Fee: \$125  
(Includes 2 CPAT Orientations)
- CPAT Practice Test: \$35 each

### Candidate Support

NTN offers email support only to the candidates. There is a Contact NTN link at the bottom of every page on their site. Encourage candidates to use it! When students need assistance with issues beyond our control, they need to use the Contact NTN link. The email address is:

[support@NationalTestingNetwork.com](mailto:support@NationalTestingNetwork.com)

**\*NOTE: DO NOT REGISTER FOR FIRE TEAM**

National Testing Network's (NTN) site: [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)

**Fire Fighting I/II  
CPAT ANSWER SHEET**

**National Testing Network's (NTN) site: [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)**

***CPAT Information***

- Tests remain valid for one (1) year.
- Orientation & practice tests must be at the same location as the test.
- If you need special accommodations due to a disability, check the appropriate box during the account registration process. Print the forms indicated. Do not schedule your test until your accommodation request has been approved.
- Late candidates will not be allowed to test. *Arrive early!* Being late will constitute a "Fail" and your money will not be reimbursed.
- Always bring a valid photo ID. You will not be allowed to test without it. Approved IDs: Driver's License, State ID card, Military ID, Passport, or Visa)
- Acceptable Attire: Long pants and footwear that is closed at the heel and toe. No jewelry. Everything else will be provided. You will not be allowed to test without the proper clothing and footwear.
- Schedule changes can be made with email through the website (the Contact NTN link) up to one week before their test date. For changes within one week before the test, there will be no refunds.
- NTN accepts credit card payments only.
- Candidates do not select departments to send their results to. CPAT results are available to all CPAT certified departments.
- Candidates may re-test as often as they like.
- Candidates will not get a CPAT card. Departments can access your results with your NTN invoice number. Candidates should include it in their applications to the departments. The invoice number on email receipts begin with "NTN-C-".

***Prices***

- Base Test Fee: \$125  
(Includes 2 CPAT Orientations)
- CPAT Practice Test: \$35 each

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**\*NOTE: DO NOT REGISTER FOR FIRE TEAM**

**National Testing Network's (NTN) site: [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com)**

# STUDENTS MUST TURN IN A VALID CPR CARD

AMERICAN HEART ASSOCIATION  
(BLS for HEALTHCARE PROVIDER)

IF YOU DON'T HAVE A CPR CARD  
YOU MUST ENROLL IN A CLASS.

<http://ahainstructornetwork.americanheart.org/AHAECC/classConnector.jsp?pid=ahaecc.classconnector.home>

Or call Frances Kelchner at MTC at 352-671-7200 Ext. 56877  
for upcoming class information.

ATTACH A SIGNED COPY OF  
FRONT & BACK ALONG WITH  
YOUR FORMS.



**MARION**  
TECHNICAL COLLEGE

# Firefighting/EMT, Firefighting I/II & Firefighting II

## Student Entry Process

Step 1	<p><b>Complete the MTC School Application Packet and submit.</b> Applications must be submitted to Marion Technical College in person or mailed to:</p> <p style="text-align: center;">Marion Technical College Attn: Public Service Department 1014 SW 7<sup>th</sup> Road Ocala, FL 34471</p> <p><b>Register for the CPAT (Candidate Physical Ability Test) \$125</b> Applicants must pass the CPAT to be placed on a class list.</p> <ul style="list-style-type: none"><li>• Must bring picture ID on test day</li><li>• Wear long sweat pants, t-shirt, and sneakers</li></ul> <p>Upon passing the CPAT, please call Yvette Campetella at 352-671-4132 to be placed on the next class list.</p>
Step 2	<p>Contact Financial Aid Office at MTC if you have general questions regarding:</p> <p style="text-align: center;">FL Bright Futures Recipient FL Prepaid (please provide proof) VA/GI Bill (please provide certificate of eligibility and DD214 forms)</p>
Step 3	<p>Additional required forms will be emailed a month before class orientation.</p> <ul style="list-style-type: none"><li>• Must provide a valid email address</li><li>• Class tuition due on orientation</li></ul> <p>All forms <b><u>must</u></b> be completely filled out and returned to Yvette Campetella at MTC by due date. Applicants who do not return forms by due date will be removed from class list. <b>No forms will be accepted after due date.</b></p>

**After all documentation has been submitted, your application will be complete.**



**MARION**  
TECHNICAL COLLEGE

# **FIREFIGHTING AND EMT COMBINED PROGRAM**

## **Estimated Cost Sheet**

### **FIRE FIGHTING & EMT COMBINED CLASS FEES**

Tuition **\$5,528.50** (paid to School Board of Marion County)  
FF FISDAP fee **\$15** (paid online on the first week of class)  
EMT State Exam fee **\$70** (paid online the last week of class)  
EMT State of FL National Registry **\$35**  
EMT FISDAP fee **\$15** (paid online on the first week of class) EMT  
State Exam fee **\$30** (paid online the last week of class)  
Fingerprinting fee **\$50.40** (paid online)

### **BOOKS**

Essentials of Firefighting 6<sup>th</sup> Edition 2013 **\$50.50** (Publisher IFSTA ISBN: 9780879395094)  
Student Guide **\$40.50** (ISBN: 9780879395124)  
D.O.T. ERG (GOLD) 2012 Edition **\$4.95**  
Forestry Packet **\$10**  
EMT by Mistovich & Karen **\$117.75**  
Pre-Hospital Emergency Care 9th Edition **\$65.50**  
Study Guide **\$26.50**

### **MEALS**

21 weeks of all you can eat buffet with drink: (B,L,D Mon-Thurs and B, L Fridays) **\$2,486.40**

### **DORMS**

Monday - Sunday \$105 per week for 21 weeks - **\$2205**

### **BUNKER GEAR RENTALS**

Must be NFPA compliant. Call for pricing. CENTRAL

FL BG RENTALS **407-948-9731**

MUNICIPAL EQUIPMENT CO. **407-843-3071**

FIRE-TEC **954-960-5068**



**MARION**  
TECHNICAL COLLEGE

# FIREFIGHTING I/II PROGRAM

## Estimated Cost Sheet

### **FIRE FIGHTING CLASS FEES**

Tuition **\$3,169.60** (paid to: School Board of Marion County)  
FF FISDAP fee **\$15** (paid online on the first week of class)  
FF State Exam fee **\$42** (paid online the last week of class)  
Fingerprinting fee **\$50.40** (paid online)

### **BOOKS**

Essentials of Firefighting 6<sup>th</sup> Edition 2013 - **\$50.50** (Publisher IFSTA ISBN: 9780879395094) Student Guide - **\$40.50** (ISBN: 9780879395124)  
D.O.T. ERG (GOLD) 2012 Edition - **\$4.95**  
Forestry Packet **\$10**

### **MEALS**

12 weeks of all you can eat buffet with drink: (B,L,D Mon-Thurs and B, L Fridays) - **\$1,598.40**  
(paid to: The Cafeteria)

### **DORMS**

Monday – Sunday \$105 per week for 12 weeks - **\$1260**

### **BUNKER GEAR RENTALS**

Must be NFPA compliant. Call for pricing.

CENTRAL FL BG RENTALS	<b>407-948-9731</b>
MUNICIPAL EQUIPMENT CO.	<b>407-843-3071</b>
FIRE-TEC	<b>954-960-5068</b>



**MARION**  
TECHNICAL COLLEGE

# FIREFIGHTING II Only Program

## Estimated Cost Sheet

### **FIRE FIGHTING II CLASS FEES**

Tuition **\$1953.32** (paid to: School Board of Marion County)

FF Fisdap fee **\$15** (paid online on the first week of class)

FF State Exam fee **\$42** (paid online the last week of class)

Fingerprinting fee **\$50.40** (paid online)

### **BOOKS**

Essentials of Firefighting 6<sup>th</sup> Edition 2013 **\$50.50** (Publisher IFSTA ISBN: 9780879395094) Student Guide **\$40.50** (ISBN: 9780879395124)

D.O.T. ERG (GOLD) 2012 Edition **\$4.95**

Forestry Packet **\$10**

### **MEALS**

9 weeks of all you can eat buffet with drink: (B,L,D Mon-Thurs and B, L Fridays)  
(paid to: The Cafeteria)

Call Jana for prices **352-817-7998**

### **DORMS**

Monday - Sunday \$105 per week for 9 weeks - **\$945**

### **BUNKER GEAR RENTALS**

Must be NFPA compliant. Call for pricing.

CENTRAL FL BG RENTALS **407-948-9731**

MUNICIPAL EQUIPMENT CO. **407-843-3071**

FIRE-TEC **954-960-5068**



**MARION**  
TECHNICAL COLLEGE

## **EMT/FIRE STANDARDS STUDENT ACKNOWLEDGEMENT OF HIPAA OBLIGATIONS**

I understand that it is the intent of the MTC/FSFC to safeguard and protect the privacy and security of its applicants, employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address or vehicle identification number).

In the course of my educational experience with MTC/FSFC contracted agencies, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with these contracted agencies, I hereby agree that I will not at any time (either during my assigned time with such agencies, or any time thereafter) access, use, or disclose to any person or entity, any protected health information of the contracted agencies applicants, employees, or patients.

I further understand it is the policy of the contracted agencies to ensure the confidentiality, integrity, and availability of protected health information entrusted to the contracted agencies by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to participate in education with these contracted agencies, I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in any agencies computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. I understand that this obligation survives the completion of my educational experience with MTC/FSFC contracted agencies no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all MTC/FSFC contracted facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

**By, signing, and including today's date below, I acknowledge that I have read and understand my obligations as a student of MTC/FSFC to protect the privacy and security of protected health information relating to any applicant, employee, or patient.**

Please mark one    Firefighting/EMT    Firefighting I/II    Firefighting II

**Name Please Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SCHOOL BOARD OF MARION COUNTY, FLORIDA**  
**RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_ acknowledge that attendance and participation in a course of training involves a risk of bodily harm and injury. I hereby agree that, in partial consideration for participation in training involving the use of the Florida State Fire College, clinical sites, or School Board facilities or equipment, that I will be solely liable and I expressly release and forever discharge, and hold harmless the School Board of Marion County, Florida, and its employees, officers, and agents, from any and all claims, demands, rights, causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my participation in or in any way connected with said training.

I further agree that I, my spouse, my heirs, distributees, guardians, legal representatives and assignees will not make any claim against, sue, or prosecute the School Board of Marion County, Florida, or any other affiliate organizations, employees, officers and agents for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the School Board as a result of my participation in course activities. I further understand that this release and waiver of liability shall be effective for any events occurring during the entire period that I am present on the grounds of the Florida State Fire College and / or clinical sites or using any equipment belonging to the State of Florida and/or the Marion County School Board.

I hereby state that I am fully informed regarding the general dangers and risks of my participation in course training activities. I further release all agents and employees of the Marion County School Board from any claim whatsoever arising from first aid and medical services rendered to me as the result of my participation in all course training and clinical site activities, and I agree that I am financially responsible for the medical treatment and emergency services that I receive.

I further certify that I am of legal age, and suffer under no undisclosed disabilities. I acknowledge that this is a legal document, which I have read and voluntarily signed. I agree that no oral representation or statements and inducements apart from the foregoing written agreement have been made to me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

An Equal Opportunity School District

September 2012



**DEPARTMENT OF FINANCIAL SERVICES**

*Division of State Fire Marshal  
Bureau of Fire Standards & Training*

**RELEASE AND WAIVER OF LIABILITY**  
**FLORIDA STATE FIRE COLLEGE**

I acknowledge that attendance and/or participation in the activities at the Florida State Fire College involves a risk of bodily harm and injury and I assume all risk. I hereby agree that for consideration of the use of the facility, equipment, programs, grounds, and personnel of the Florida State Fire College, I hereby waive liability, and release and forever discharge the Florida State Fire College, the Florida State Fire Marshal, and the Department of Financial Services and its employees, officers, and agents individually from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from participation in or in any way connected with any classes, training, or use of the Florida State Fire College, its property or its equipment.

I further agree that for the consideration stated above, I will indemnify, hold harmless and covenant not to sue the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, and its employees, officers or agents for any claim for damages or causes of action whatsoever and by whomever made arising or growing out of my participation in the activities or use of the Florida State Fire College, its property or its equipment. I agree that this waiver and release shall include myself, my heirs, executors and assigns, whether such personal injury, death or property damage was caused by the negligence of the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, or any of its employees, officers, or agents. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective for any events occurring during the entire period of my enrollment or use of the Florida State Fire College.

I have received a copy of this document and I certify that I am of legal age, I am suffering under no legal disabilities, and that I have read the above carefully or had the above read to me before signing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
THE BUREAU OF FIRE STANDARDS & TRAINING

AT  
**The Florida State Fire College**

11655 NW GAINESVILLE ROAD • OCALA FLORIDA • 34482-1486  
352.369.2800 • [WWW.FLORIDASTATEFIRECOLLEGE.ORG](http://WWW.FLORIDASTATEFIRECOLLEGE.ORG)



## MEDICAL HISTORY FORM

Completed form must be kept on file by the school

### Student Information

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home No: (\_\_\_\_) \_\_\_\_\_ Work No: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**Medical History:** **MANDATORY** (to be completed by student) Explain "yes" answers below. Circle questions you don't know answers to.

**IMPORTANT:** IT IS VERY IMPORTANT THAT THESE QUESTIONS ARE ANSWERED TRUTHFULLY AS YOUR SAFETY AND HEALTH IS OF PRIMARY CONCERN. WE CANNOT QUALIFY ANY STUDENT INTO OUR TRAINING PROGRAM IF THERE IS ANY PRE-EXISTING OR CURRENT MEDICAL CONDITION, INJURY, ILLNESS OR DEFICIENCY WHICH WOULD PROHIBIT YOU FROM PERFORMING THE TYPE OF PHYSICAL ACTIVITIES YOU WOULD BE ENGAGED IN DURING OUR TRAINING.

	YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____
2. Do you have ongoing chronic illness?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____
4. Have you ever had surgery?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications, pills or using an inhaler?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects) that require medical treatment?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____
10. Have you ever had dizziness or fainting spells?	_____	_____
11. Have you ever had chest pain during or after exercising?	_____	_____
12. Have you ever had racing of your heart or skipped heartbeats?	_____	_____
13. Have you had high blood pressure or high cholesterol corrected with meds? Or low blood pressure corrected with meds?	_____	_____
14. Have you ever been told you have a heart murmur?	_____	_____
15. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____
16. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____

**YES      NO**

- |                                                                                                                            |       |       |
|----------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 17. Do you get tired more quickly than your friends do during exercise?                                                    | _____ | _____ |
| 18. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?               | _____ | _____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? | _____ | _____ |
| 20. Have you ever had a head injury or concussion?                                                                         | _____ | _____ |
| 21. Have you ever been unconscious or lost your memory?                                                                    | _____ | _____ |
| 22. Have you ever had seizures, history of epilepsy or neurological disorders?                                             | _____ | _____ |
| 23. Do you have frequent or severe headaches?                                                                              | _____ | _____ |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?                                              | _____ | _____ |
| 25. Have you ever become ill from exercising in the heat or heat related injury?                                           | _____ | _____ |
| 26. Do you cough, wheeze or have trouble breathing during or after activity?                                               | _____ | _____ |
| 27. Do you have asthma, chronic bronchitis or lung disease?                                                                | _____ | _____ |
| 28. Have you had any problems with your eyes or vision?                                                                    | _____ | _____ |
| 29. Do you wear glasses, contacts or protective eyewear?                                                                   | _____ | _____ |
| 30. Have you ever had stomach, liver or intestinal problems?                                                               | _____ | _____ |
| 31. Have you broken or fractured any bones or dislocated any joints?                                                       | _____ | _____ |

***If yes, check appropriate blank and explain below:***

- |                 |               |                 |
|-----------------|---------------|-----------------|
| _____ Head      | _____ Elbow   | _____ Hip       |
| _____ Neck      | _____ Forearm | _____ Thigh     |
| _____ Back      | _____ Wrist   | _____ Knee      |
| _____ Chest     | _____ Hand    | _____ Shin/Calf |
| _____ Shoulder  | _____ Finger  | _____ Ankle     |
| _____ Upper Arm | _____ Foot    |                 |
- |                                                                                               |       |       |
|-----------------------------------------------------------------------------------------------|-------|-------|
| 32. Do you want to weigh more or less than you do now?                                        | _____ | _____ |
| 33. Do you feel stressed out?                                                                 | _____ | _____ |
| 34. Have you ever been diagnosed with Sickle Cell Anemia or any other blood Related disorder? | _____ | _____ |
| 35. Have you ever been diagnosed with Sickle Cell?                                            | _____ | _____ |
| 36. Are you pregnant?                                                                         | _____ | _____ |

Explain "yes" answers here:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## IMMUNIZATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

**Record your most recent immunizations (shots) and provide proof.**

- ☐ **MMR**  
Documented proof of immunity to mumps, measles, and rubella is mandated by the state. Immunity to measles, mumps, and rubella is defined as follows:
- ☐ **Mumps** (no expiration date) Date: \_\_\_\_\_  
Proof of immunization or proof of positive titer
- ☐ **Measles** (rubella) (no expiration date) Date: \_\_\_\_\_  
☐ Born before 1957  
☐ Documentation of receipt of two (2) doses of live Measles vaccine after the first birthday and no less than one month apart  
☐ Physician diagnosed measles  
☐ Documentation of immune titer (a blood test) proving immunity
- ☐ **Rubella** (no expiration date) Date: \_\_\_\_\_  
☐ Rubella vaccine given after one year of age  
☐ Documentation of immune titer (a blood test) proving immunity, or age greater than 40 years
- ☐ **Chicken Pox/VZV** (current immunization or proof of positive titer) Date: \_\_\_\_\_
- ☐ **PPD** (Tuberculin) (current within program dates) Date: \_\_\_\_\_

**IF YOU REFUSE A PPD OR IF YOU HAVE HAD A POSITIVE TB REACTION YOU MUST PRODUCE A CURRENT NEGATIVE CHEST X-RAY.**

- ☐ Skin Test ☐ Chest X-Ray

- ☐ **Hepatitis B** Date: \_\_\_\_\_  
All students must submit proof of current Hepatitis B vaccination, Date: \_\_\_\_\_  
or must sign a stipulation declining immunization. Date: \_\_\_\_\_

DTaP/DTP DOSE 1 \_\_\_\_\_ DOSE 2 \_\_\_\_\_ DOSE 3 \_\_\_\_\_ DOSE 4 \_\_\_\_\_ DOSE 5 \_\_\_\_\_  
MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Tdap Booster (1 time after 11 years of age) \_\_\_\_\_  
MM/DD/YY

TD (within 10 years) \_\_\_\_\_  
MM/DD/YY

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIRED**

**REQUIRED**

**COMPLETED IMMUNIZATION DOCUMENTATION MUST BE IN THE STUDENTS FILE PRIOR TO ENTERING ANY CLINICAL EXPERIENCE.**

An Equal Opportunity School District