



Dear Physician:

In order to assist you in completing the "Medical Assessment" and "Communicable Disease Status Document" forms, we have provided the following information regarding the physical requirements of the paramedic's position. If you have any questions please contact Thames EMS at (519) 679-5466.

Paramedic Position

Paramedics generally operate as members of a two-person team in the interchangeable role of driver and paramedic. Frequently, paramedics have no other assistance available. Inability to routinely perform a task could have an immediate, negative impact adversely affecting patient's mortality / morbidity if not performed correctly and completely. Job functions are routine parts of most ambulance calls and are often performed concurrently.

Physical Strength

- Ability to lift, carry, push, pull a stretcher and patient that frequently weighs as much as 130 kg.
- Grip and/or reach, holding the stretcher as well as reaching for and securing other supplies and/or equipment.
- Gross and fine finger movement is required to move oxygen cylinders, patient care equipment (ie. backboards, administration of medication via injection etc.), report writing, manipulation of radio controls.

Mobility

- Ability to sit, stand, walk, run, bend, stoop, crouch, climb, kneel, crawl, twist, balance.
- Paramedics are required to sit in an ambulance for extended periods of time, to access patients in residential homes, apartments or at accident sites that may be confined, obstructed, up or down one or more flights of stairs and traverse uneven terrain.

Sensory Perceptions

- Speech, touch, vision, reading, writing, hearing perception as necessary to ensure safe driving.
- Must meet the medical requirements in the Highway Traffic Act for a Class "F" drivers licence.
- To conduct patient interviews, assessment, examinations and treatment.
- To communicate via face to face conversation, the use of telephones, radios and any other means of communication.

Work Environment

- Inside / outside / cold / hot / humid / dry / vapour / fumes / dust / ice / noise / moving objects / congested work sites / hazardous materials / electrical / radiant and thermal energy / sharp edges.
- Work is not confined to one building or geographic area. In the course of a shift the paramedic may be required to go in and out of buildings (including homes, garages, offices, malls, institutions). The paramedic may be exposed to extreme conditions in these buildings or outside of them including but not limited to narrow or obstructed passageways, poorly constructed or deteriorating physical structures such as stairs, unfriendly animals, poor lighting.

Work Conditions

- Rotating shifts 8 to 12 hours, standby, the possibility of end of shift overtime due to emergency call demand.
- Traveling, meeting deadlines, public interaction, working with teams or groups.
- May be exposed to all types of weather conditions.
- Must interact continually with members of the public and the health care team, often under highly stressful and time sensitive circumstances.
- May be required to drive in adverse weather conditions or at a high rate of speed in an emergency situation.



Patient's Surname:	First Name:
Address:	City/Town:
Postal Code:	Telephone:
Date of Birth: (DD/MM/YY0	Date of exam for this report: (DD/MM/YY)

Please indicate limits in the appropriate column and provide explanation when required.

Capabilities	Any Limits Yes/No	If "Yes", please explain
Walking:		
Standing:		
Sitting:		
Crouching/Kneeling:		
Lifting Floor to Waist:		
Lifting Waist to Shoulder:		
Climbing:		
Ability to use hands:		

Limitations: Please indicate if necessary and provide explanation for each

<input type="checkbox"/>	Bending or twisting of (indicate body part/area)
<input type="checkbox"/>	Repetitive movement of (indicate body part/area)
<input type="checkbox"/>	Below shoulder activity
<input type="checkbox"/>	Above shoulder activity
<input type="checkbox"/>	Operating a motor vehicle
<input type="checkbox"/>	Restrictions related to medications
<input type="checkbox"/>	Limited physical exertion
<input type="checkbox"/>	Environment

Immunization

Attach proof of current immunizations for Tetanus, Diphtheria, Poliomyelitis, Measles, Mumps, Rubella, Chicken Pox (indicate year that patient had it), influenza and Hepatitis "B" (or that such immunization is medically contraindicated) as per the Ambulance Act and Regulations 257/00

Physician Information

Physician's name: (please print)	Signature:
Address:	City/Town:
Date:	Telephone:



Communicable Disease Status Document

Examples of diseases in Ontario which, when in an acute symptomatic state, should preclude a Paramedic from participating in the direct assessment of or provision of patient care:

<input type="checkbox"/>	Acquired Immunodeficiency Syndrome (AIDS)	<input type="checkbox"/>	Leprosy
<input type="checkbox"/>	Amebiasis	<input type="checkbox"/>	Listeriosis
<input type="checkbox"/>	Anthrax	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	Botulism	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Campylobacter enteritis	<input type="checkbox"/>	Viral Meningitis
<input type="checkbox"/>	Chicken Pox (Varicella)	<input type="checkbox"/>	Meningococcal Meningitis
<input type="checkbox"/>	Cholera	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Cytomegalovirus Infection (Congenital)	<input type="checkbox"/>	Ophthalmia Neonatorum
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Parathyroid Fever
<input type="checkbox"/>	Encephalitis (Primary Viral)	<input type="checkbox"/>	Pertussis (Whooping Cough)
<input type="checkbox"/>	Gastroenteritis	<input type="checkbox"/>	Plague
<input type="checkbox"/>	Giardiasis	<input type="checkbox"/>	Poliomyelitis (Acute)
<input type="checkbox"/>	Group A Streptococcal Disease (Invasive)	<input type="checkbox"/>	Psittacosis/Ornithosis
<input type="checkbox"/>	Haemophilus Influenza B Disease (Invasive)	<input type="checkbox"/>	Q Fever
<input type="checkbox"/>	Hemorrhagic Fevers, including Ebola virus disease, Marburg Virus Disease, and other Viral Causes	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	Viral Hepatitis including Hepatitis A, B and C	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Rubella (Congenital Syndrome)
<input type="checkbox"/>	Lassa Fever	<input type="checkbox"/>	Salmonellosis
<input type="checkbox"/>	Legionellosis	<input type="checkbox"/>	Shigellosis
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Tularemia
<input type="checkbox"/>	Thyphoid Fever	<input type="checkbox"/>	Verotoxin producing E.Coli Infections
<input type="checkbox"/>	Yellow Fever	<input type="checkbox"/>	Yersiniosis

It is my professional opinion that _____ appears free from
(Patient/Paramedic Name)
the above-mentioned Communicable Diseases.

Physician's Name (print)

Physician's Signature

Date