

INSTRUCTIONS FOR DOCUMENTS THAT NEED TO BE UPLOADED TO CASTLE BRANCH

EMS Program Health Report (last two pages)-this is to be completed by your doctor (or other healthcare provider) and then submitted by you to CastleBranch at www.castlebranch.com . (Instructions for submitting medicals forms to CastleBranch are below). **THIS SUBMISSION WILL COST \$30.00 AND MUST BE DONE PRIOR TO SUBMITTING YOUR ONLINE APPLICATION TO THE EMS OFFICE.**

Take the EMS Program Health Report (last two pages) to your family physician or a walk in clinic. The physician or other healthcare provider, not the student, must fill out the form and sign in the appropriate locations.

IMPORTANT: The EMS Program Health Report must be **completed and signed by a healthcare provider** and **then submitted by you to CastleBranch at www.castlebranch.com**. **NO** student will be permitted into any clinical or internship site without this completed health report on file. *Incomplete forms or missing documentation will cause delay or denial of your program application. The Health Form is 2-pages and is at the end of this packet and both pages must have both the healthcare provider and applicant's signature.

Specific Requirements for Immunity

***Immunization records OR blood work must be submitted to CastleBranch. (Instructions for submitting documents to CastleBranch are below).**

MMR Rubeola (Measles), Rubella (German Measles), Mumps

The acceptable evidence of immunity to measles, rubella, and mumps is as follows:

- (1) Documentation of 2 (**two**) MMR vaccines given on or after your first birthday and separated by 28 days or more **OR**
- (2) Laboratory evidence of positive immunity (blood work) – if immunity is negative/equivocal you will need a single booster vaccine **OR**
- (3) Birth before 1957

Varicella (Chickenpox)

The acceptable evidence of immunity to varicella is as follows:

- (1) Documentation of 2 (**two**) Varicella vaccines given on or after your first birthday and separated by 28 days or more **OR**
- (2) Laboratory evidence of positive immunity (blood work) - if immunity is negative/equivocal you will need a single booster vaccine

Hepatitis B

The acceptable evidence of immunity to hepatitis B is as follows:

- (1) Documentation of 3 (**three**) vaccines **OR**
- (2) Laboratory evidence of positive immunity (blood work) – if immunity is negative/equivocal you will need a single booster vaccine **AND** repeat blood work.

Hepatitis A

Recommended by not required.

Tetanus-Pertussis (TDap)

- (1) Documentation of 1 (one) vaccine – must be **less** than 10 years old

Tuberculosis (TB/PPD/TST)

- (1) Documentation of a negative TB test – must be **less** than 1 year old
Students with a recent or historical positive TB must have a chest x-ray (less than 1 year). Attach copy of the x-ray report from the evaluating healthcare provider indicating no active pulmonary disease present. (Your TB test must remain current throughout the EMT program).

Influenza vaccine - Need a current year influenza vaccine (completed yearly).

Health Insurance

NOTE: It is mandatory that you have Health Insurance in order to apply to the EMT program and you have to submit proof of Health Insurance to Castle Branch.

Physical Examination – EMS Program Health Report (last two pages). Upload to Castle Branch for the physical examination requirement.

CastleBranch

Instructions for Submitting Documents – COST: \$30.00

When you place your initial order, you will be prompted to create your secure CastleBranch account. From within your CastleBranch, you will be able to:

- ✓ View your order results
- ✓ Manage the requirements specific to your program
- ✓ Complete tasks as directed to meet deadlines

To place your order, go to www.castlebranch.com

In the “**PlaceOrder**” field, enter the following package codes specific to your school and program:

ED01im

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CastleBranch and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

TO-DO LISTS:

You can respond to any active alerts or To-Do List items now, or return later by logging into your Castle Branch. You will receive alerts if information is needed to process your order and as requirements approach their due dates. Access your CastleBranch anytime to view order status.

Within your To-Do Lists in CastleBranch, you may need to submit a document to one or more requirements. These instructions will walk you through uploading your documents.

Preparing document for upload

The most efficient method for document submission is uploading a scanned document to your CastleBranch account or to a specific requirement.

Uploading documents:

- ✓ Ensures the clearest image, which will have a greater chance of acceptance
- ✓ Is the most secure method of submission
- ✓ Has the quickest processing time

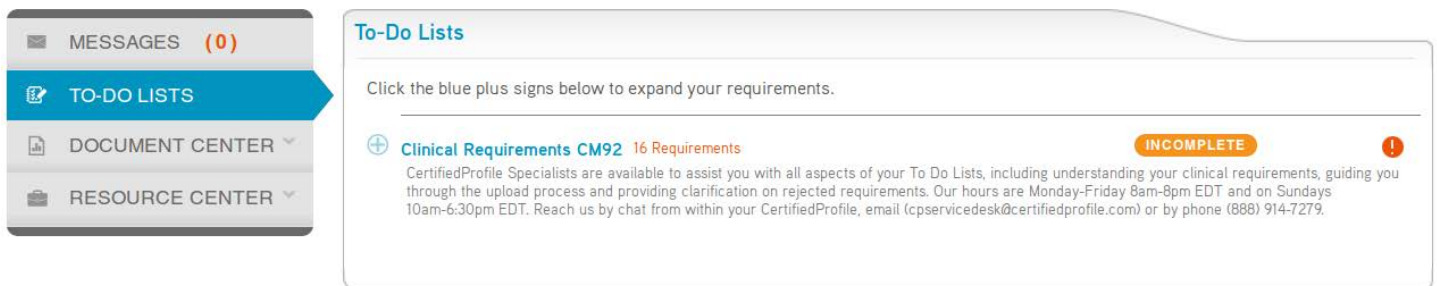
In order to upload a document, you need to first have an electronic version of your document. There are multiple ways to create an electronic copy, including the following:

- ✓ Take a picture with your phone and email to your computer
- ✓ Use a scanner or a scanner app to transfer your document(s) to your computer
- ✓ Go to a local FedEx or office supply store or other business that offers scanning services to scan your document(s) to a thumb drive. Public or school libraries often have scanners available for your use.

Once you have your document(s) in an electronic format, follow the instructions below to upload your document(s).

Uploading a document to a requirement from your computer

1. From the homepage, on the left side of your CastleBranch account, go to your “To-Do Lists”.



2. Within your To-Do Lists, expand your tracker (by clicking on the blue + icon) and expand the requirement for which you want to upload your documentation. Once you expand the requirement, you will see additional requirement details including instructions to attach a file.
3. Under “Attach a file from either,” click Browse, located next to “Your Computer or flash drive.”

Attach a file from either:

CertifiedProfile's My Documents

Your computer or flash drive

Or download the fax/mail requirement cover page

4. Then, select the file from your computer.
5. Once you have uploaded the file, the file name will display under "Attached Files" within the expanded requirement details. Check to make sure the correct file name displays. If you uploaded the incorrect document, you can click "remove document" and then upload the correct file by repeating the steps above.



NOTE: You will not have the option to remove a document after you have submitted the requirement for review. If you need to replace a document after you have submitted your requirement for review, you will need to contact the CastleBranch Service Desk to reset your requirement.

6. If you are only uploading one file, hit Submit now. You must hit the Submit button to attach the document(s) to the requirement. If you do not hit Submit, your requirement status will remain "Incomplete."

Uploading multiple documents to a requirement from your computer

1. If you wish to load more than one document, before clicking Submit you simply click Browse again (next to "Your computer or flash drive") and select your next document. You can continue this process until you have uploaded all of your documents to the requirement.
2. Once you have uploaded all of your documentation, click the "Submit" button to send your documentation for review.



NOTE: All documents you upload directly to an individual requirement are also stored in "My Documents" for future use. This document storage enables you to attach the previously used document to an additional requirement.

Your CastleBranch Service Desk is available to assist you via phone, chat and email Monday-Friday 8am-8pm EST

888-723-4263 or cbservicedesk@castlebranch.com

Complete a Basic Life Support (BLS) for Provider (CPR) Course –A copy of the front and back of the card must be submitted to CastleBranch at www.castlebranch.com **PRIOR TO SUBMITTING YOUR ONLINE APPLICIATON TO THE EMS OFFICE. (see instructions above).**

Upload a copy of your signed CPR card (both sides). **CPR card must be from one of the State Approved Agency** listed below:

- American Heart Association: **Basic Life Support (BLS) for Provider**
- American Red Cross: **Basic Life Support (BLS) for Provider**
- American College of Emergency Physicians: **Professional Rescuer CPR**
- AAOSA/ACEP Emergency Care & Safety Institute: **Professional Rescuer CPR Pro**
- American Safety & Health Institute: **CPR Pro for the Professional Rescuer**
- EMS Safety Services: **CPR/AED for the Professional Rescuer**

NOTE: Cardiopulmonary resuscitation (CPR) courses have to be accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) F.S. 64J-1.022.

EMS Program Health Report

Health Forms must be **completed and signed by a healthcare provider and submitted by you to CastleBranch**. NO student will be permitted into any clinical or internship site without this completed health report on file. *Incomplete forms/missing documentation will cause delay or denial of your application.

NAME: _____ Banner ID: @ _____
 ADDRESS _____
 CITY: _____ STATE: ___ ZIP: _____ Phone: _____
 EMERGENCY CONTACT: _____ Phone: _____

The following are from the A.D.A.'s physical, mental, and emotional performance requirements for an entry level EMT/Paramedic. The EMS Program at Florida SouthWestern State College has accepted the following, as requirements for all students entering the program. EMS Students must meet the following requirements:

PHYSICAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ perform repetitive tasks.</p> <p>_____ walk the equivalent of five miles per day.</p> <p>_____ reach above shoulder level.</p> <p>_____ hear tape recorded transcripts.</p> <p>_____ distinguish colors.</p> <p>_____ adapt to shift work.</p> <p>_____ perform with a high degree of manual dexterity.</p> <p>_____ work with chemicals and detergents.</p> <p>_____ tolerate exposure to dust and/or fumes.</p>	<p>_____ Ability to grip.</p> <p>_____ High degree of physical flexibility.</p> <p>_____ Ability to bend both knees.</p> <p>_____ Ability to sit for long periods of time.</p> <p>_____ Ability to climb stairs or ladder.</p> <p>_____ Ability to stand for long periods.</p> <p>_____ Ability to lift 25 pounds.</p> <p>_____ Ability to squat.</p> <p>_____ Ability to perform CPR.</p> <p>Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.</p>
Student Initials:	Healthcare Provider Initials:

MENTAL AND EMOTIONAL REQUIREMENTS

<p>I have the Ability to:</p> <p>_____ cope with a high level of stress.</p> <p>_____ make fast decisions under high pressure.</p> <p>_____ cope with the anger/fear/hostility of others in a calm manner.</p> <p>_____ manage altercations.</p> <p>_____ concentrate.</p> <p>_____ demonstrate a high degree of mental flexibility.</p> <p>_____ cope in an acceptable manner with confrontation.</p> <p>_____ handle multiple priorities in a stressful situation.</p>	<p>_____ Ability to assist with problem resolution.</p> <p>_____ Ability to work alone.</p> <p>_____ Ability to demonstrate a high degree of patience.</p> <p>_____ Ability to adapt to shift work.</p> <p>_____ Ability to work in areas that are close and crowded.</p> <p>Health Care Provider: To the best of my ability from my examination and history taking on this EMS student concur that the student can perform all the listed physical requirements.</p>
Student Initials:	Healthcare Provider Initials:

EMS Required Immunizations (completed by Healthcare Provider) and submitted by you to CastleBranch.

Immunization Reporting. Titers for MMR, Varicella, or Hep B may be submitted INSTEAD of immunization dates.

Immunization	Date(s) administered	Laboratory Results / Reports	Refusal (signature required)
Tetanus-Pertussis (Tdap) (within 10 years)		N/A	N/A
MMR (Measles, Mumps, Rubella)	#1 _____ #2 _____	Date _____ ____ Positive ____ Negative (submit all three titers)	N/A
Varicella (Chickenpox)	#1 _____ #2 _____	Date _____ ____ Positive ____ Negative (submit titer)	N/A
Hepatitis B	#1 _____ #2 _____ #3 _____	Date _____ ____ Positive ____ Negative Hep B surface antibody (anti-HBs) (submit titer)	Students who elect not to receive the Hepatitis B Vaccine will need to sign the waiver below
Tuberculosis Test (TB/PPD/TST)	Date Read _____	____ Positive ____ Negative *if positive, x-ray must be done ***MUST BE DONE ANUALLY***	N/A
Flu Vaccine		***MUST BE DONE ANNUALLY EVERY FALL***	N/A

WAIVER STATEMENT:
 As a student, performing in clinical facilities, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to tuberculosis, hepatitis B, and HIV (AIDS). Florida SouthWestern State College recommends that all Health Program students obtain the Hepatitis B vaccine. Proof of vaccination from hepatitis B may be required before certain clinical rotations. I have been informed and understand the inherent risks related to exposure to environment hazards and infectious diseases through contact with body fluids and airborne micro-organisms, including hepatitis B while involved in clinical rotations. I also understand that the hepatitis B vaccine is highly recommended. I understand that if I elect not to have the Hepatitis B vaccine, I agree to hold harmless all persons or entities connected with Florida SouthWestern State College, clinical affiliations, and the EMS Program.

Student Signature: _____ Date: _____

MEDICATIONS/ALLERGIES- Please list any medications that the student is currently taking and any allergies the student may have: _____

This is to certify that I have examined _____ on _____ and have found her/him to be in good physical, mental and emotional health, as described in the stated requirements, and free from communicable disease including TB.

EXCEPTIONS - Please note below any physical, mental and emotional abnormalities, defects, or diseases which might in any way interfere with the student’s attendance and progress in the EMS program:

SIGNED _____ DATE _____
 (Signature of M.D., D.O., A.R.N.P., P.A.)
 ADDRESS _____

TO THE STUDENT:
 I, _____, give Florida SouthWestern State College permission to share part or all of the information on this health evaluation with the clinical/internship agency(ies) or instructors to which I will be assigned.

Signed: _____ Date: _____
 Signature of Student