

**Susquehanna Regional EMS Council, Inc.**

Public Safety Facility  
159 Lt. VanWinkle Drive  
Binghamton, NY 13905-1559  
607-778-2180

**Employee (Member) Health Records**

*Ambulance services are required to comply with the provisions set forth in Part 800 of Title 10 (Health) NYCRR. This includes Part 800.21 General Requirements. This record shall be maintained separately and in compliance with all applicable requirements.*

**Pre-employment (membership) Physical and Health Screening**

This physical and health screening includes:

- Medical history
  - Vision test
  - Audiometric test
  - (TB) PPD skin test
  - Pulmonary function test
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Immunization record (includes):**

- Tetanus/diphtheria (booster dose every 10 yrs.) \_\_\_\_\_
- Polio \_\_\_\_\_
- Hepatitis B (series of 3 shots given over 6 months with a booster dose every 5 years) \_\_\_\_\_
- Measles (born after 1957)/(one time shot) \_\_\_\_\_
- Mumps (one time shot) \_\_\_\_\_
- Rubella (one time shot) \_\_\_\_\_
- Chicken Pox \_\_\_\_\_
- Tuberculosis (TB) Screening (done yearly) \_\_\_\_\_

Date of completed physical and health screening: \_\_\_\_\_

**Annual physicals and return to active duty exams**

*(employees/members who have not satisfied these requirements of the exam should not be permitted to return to active duty status)*

Date of completed annual physical and/or return to active duty exam: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Also to be included in this file**

- Pre-employment physical examination
- Immunization record and screen results
- Record of employee/member occupational injuries of illnesses and their course (example) compensation forms filed, Physician's record, hospital record, etc.
- (Name of Prehospital EMS Provider Agency) incident report pertaining to employee/member exposure to suspected hazardous materials, toxic products, or true exposures to infectious diseases
- Record of annual physicals
- Record of Physician's approval to return to active duty after debilitating illnesses or injuries
- Respiratory Fit Testing
- \_\_\_\_\_

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