

**Wallkill Volunteer Ambulance Corps Inc.**  
**PO Box 221, 231 First Street, Wallkill, NY 12589 (845) 895-2601**

**Application for Membership**  
**Medical Certification Form**

**Essential Functions of an Emergency Medical Technician (EMT):**

- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) when moving patients.
- Ability to bend, stoop, crawl on uneven terrain even in low light situations and confined spaces.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Ability to read, converse and communicate effectively in English, both oral and written.
- Is mentally fit to perform the duties of an EMT including using good judgement, remains calm in high stress situations and functioning efficiently without interruption throughout an entire work shift.
- Ability to assess patients, use Basic Life Support equipment and techniques including performing CPR, using an AED, control bleeding, immobilize bones, manage environmental emergencies and administer medication.

**Essential Functions of an Ambulance Operator:**

- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) when moving patients.
- Ability to bend, stoop, crawl on uneven terrain even in low light situations and confined spaces.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality of patient care.
- Ability to read, converse and communicate effectively in English, both oral and written.
- Is mentally fit to perform the duties of an Ambulance Operator including using good judgement, remains calm in high stress situations and functioning efficiently without interruption throughout an entire work shift.
- Ability to assist in assessment of patients, use Basic Life Support equipment and techniques including performing CPR.

**To Be Completed by Physician**

I, \_\_\_\_\_, a licensed Physician, hereby state  
that I have examined \_\_\_\_\_, an applicant  
to the Wallkill Volunteer Ambulance Corps Inc. I find no reason why he/she should not  
be able to perform the essential functions involved in working as an EMT or Ambulance  
Operator, as described above.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Physician Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_

**Office Phone:** \_\_\_\_\_