

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: _____