



**HAMLIN VOLUNTEER AMBULANCE CORP., INC.**

P.O. Box 101  
1483 Lake Road  
Hamlin, New York 14464-0101

**Medical Information Sheet**

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Office Telephone #: \_\_\_\_\_

Hospital associated with: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Blood Type: \_\_\_\_\_

List Past Medical History of the Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any Medications, Dosage, and Reason for taking Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New York State law** requires that all members who will directly interact with patients or medical personnel have an evaluation to screen for communicable disease susceptibility or immunity as follows:

**Baseline PPD** (purified protein derivative) (Mantoux) skin test.

Test Date: \_\_\_\_\_ Results: \_\_\_\_\_

Demonstration of **rubella** (German measles) immunity.

Date of Immunization: \_\_\_\_\_

Demonstration of **measles** immunity. (Persons born prior to 1957 can generally be considered to be immune to measles.)

Date of Immunization: \_\_\_\_\_

Screening for **Hepatitis B** virus (HBV) carriage is NOT required. However, the Department of Health strongly recommends that at-risk health care workers receive this vaccine.

**I am aware of the physical and emotional stress involved in being in Emergency Medical Services. In my opinion, my patient is capable of handling his/her duties as a:**

Medic

Driver

3<sup>rd</sup>

**Physician's Signature  
of Approval** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Physician's License #:** \_\_\_\_\_

To be Completed by Applicant:

I hereby authorize my physician to release to Hamlin Volunteer Ambulance Corp. any and all pertinent medical information as it applies to my ability to perform my duties as a Medic, Driver or 3<sup>rd</sup> for that organization. I also understand that this information will be deemed strictly **confidential** by said Corp.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_