



1247 Jimmie Kerr Rd.  
Graham, NC 27253

336-506-4299  
[www.alamancecc.edu/ems](http://www.alamancecc.edu/ems)

# Paramedic Program 2021-2022 Application



From access to success. Advancing EMS systems  
towards a people-centered, data-driven future



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## **Mission Statement:**

We will prepare competent entry-level clinicians; capable of advancing EMS towards an inherently safe and effective future.

To achieve this mission ACC commits to empower life-long learning and prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

## **Core Principles:**

- Integrity
- Excellence
- Innovation
- Collaboration
- Inclusion
- Success
- Patient Advocacy
- Evidence Based
- Accountability

These guiding principles are the foundation on which our program (*and its graduates*) perform our work and conduct ourselves.

## **Motto:**

“Always Improving”

## **Paramedic Program Educational Objectives:**

- Comprehend, apply, and evaluate information relative to the expected duties, roles and responsibilities of the entry-level paramedic.
- Demonstrate technical proficiency in all skills identified for the role of an entry-level paramedic.
- Demonstrate individual professional behaviors consistent with employer and community expectations of an entry-level paramedic.

## **Pre-Emergency Medical Science**

Students are admitted under the Associate in General Education degree until they have met the admissions requirements for the program. All admission requirements must be met before enrolling in EMS-130 Pharmacology or the CE equivalent.



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## Pre-Requisite Requirements

1. Successful completion of college-level English, or within the previous 12 months complete a written assessment placing the individual into college-level English.
2. Successful completion of college-level Math, or within the previous 12 months complete a written assessment placing the individual into college-level Math
3. Successful completion of anatomy & physiology with a grade of “C” or better.
  - BIO-163 Basic Anatomy & Physiology

Or

- BIO-168 Anatomy & Physiology I
  - BIO-169 Anatomy & Physiology II (*May be taken as a co-requisite. Must be taken before EMS-160 Cardiology I or the CE equivalent*)
4. Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component.

## Registration Process

### Phase I: Preliminary Coursework & Requirements

The first steps for student’s admission to the EMS program include:

1. Full admission to Alamance Community College
2. Completion of required developmental courses
3. Submission of high school / GED
4. Submission of official post-secondary transcripts for which the transfer credit will be sought.
5. Apply for financial aid.
6. Documentation of learning disabilities that may qualify the student for special consideration.
7. High school students seeking admission must meet the same criteria as a non-high school student. Students must be at least 17 by the end of the semester, in which they are enrolled for the EMS-110 (EMT) course or the CE equivalent.
8. Students actively credentialed as an EMT or higher, may apply for advanced standing in the program.

### Phase II: Ranking / Selective Process

1. Complete EMS Selective Admission Application (*Appendix A*)
2. Complete English and Math placement exam

Acceptance notifications will be made by July 31<sup>st</sup>. Accepted students must attend a mandatory EMS program information session, submit a background check and drug screen, and vaccination records through Castle Branch by August 31<sup>st</sup>.



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## Financial Aid Services

The ACC Financial Aid office staff are available to assist students with the application process. You may make an appointment for individual assistance by calling to reserve a spot to attend one of our FAFSA application workshops. For more information email [financialaid@alamancecc.edu](mailto:financialaid@alamancecc.edu) or call **336-506-4340**. The Financial Aid Office is located in the Student Success suite, First Floor Gee Building in Room G118.

## Technical Standards

Students entering the program must meet specific emotional, behavioral, physical, and cognitive standards. This information is found in the Admissions Office and in the program handbook.

## Disability Services

Alamance Community College is committed to providing equal educational opportunities for students with documented disabilities. Students who require reasonable accommodations or services must identify themselves as having a disability and provide current diagnostic documentation to the Disability Services Office located in the Student Success Center, Room 233. All information is confidential. Please contact Monica Isbell for more information at **336-506-4130** or email at [monica.isbell@alamancecc.edu](mailto:monica.isbell@alamancecc.edu).

**Revised 7-17-18**

## Testing Services

A final admittance decision will not be made for applicants that do not meet the English and Math pre-requisite requirements. Students that are wishing to enroll in the program, that are unable to complete college-level English and math courses before the program admission deadline are required to submit TABE exam results (within one year from the admission deadline) for reading comprehension, English language skills and mathematical skills at the post-secondary level (12.1).

Applicants are encouraged to schedule a TABE exam as soon as possible and must meet minimum levels in all three knowledge areas. Applicants that fail to successfully complete the TABE exam will have to complete remedial education and reschedule an additional attempt at least one-week following the previous attempt.

Contact Betty Harris for more information at **336-506-4377** or email at [bcjustice373@alamancecc.edu](mailto:bcjustice373@alamancecc.edu)



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## **Progression & Continuation**

Alamance Community College is committed to the success of students. In order to progress in the EMS program, the student is required to meet the following ongoing standards:

1. Maintain an overall quality grade point average of 2.0
2. Maintain a grade of a “B” or better in all EMS courses.
3. Pass medical math and cardiac rhythm interpretation exams in specified courses.
4. Pass all psychomotor skills and integrated-out-of-hospital exams (TSOP’s) in specified courses.
5. Demonstrate entry-level paramedic competency and satisfactorily complete all of the clinical and field internship requirements in specified courses.
6. Pass any general education course required by the EMS program with a grade of “C: or better.

A student may repeat a EMS course only once within a two-year period. If a student fails two EMS courses in the same semester, the student will not be eligible to seek readmission into the program for one year.

### **Program Readmission**

Students who have earned a “C” or “D” in an EMS course will be considered for readmission using the following criteria:

- Students will be allowed to seek readmission within a two-year period. If the student does not return within the two-year period, the student must reapply to restart the program.
- Readmission is subject to current admission criteria and progression policy.
- Grade point average of at least 2.0

Returning students will be considered on a competitive basis with the current applicant pool.

## **Program Costs**

The EMS curriculum has additional costs associated with it. Students who enroll in this program are required to pay for such items as certification exams, uniforms, supplies, and the like. Many of these are required as part of the curriculum (*Appendix B*), but are not provided by the College.

Additional expenses required for this program are listed below with approximate costs:

Required Textbooks	\$1,500
Uniforms & Supplies	\$150
CPR Certification	\$25
Vaccinations	\$300
Accidental Insurance	\$ 1.50
Liability Insurance	\$16 / year
EMS Testing	\$98
Platinum Planner	\$85
Criminal Background & Drug Screen	\$97



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## **Criminal Background / Drug Screens**

Clinical agencies with which the College has contracted to provide clinical experiences for EMS students require the submission of criminal background checks and drug screening in order to participate in clinical experiences at the site. The background check and drug screen will determine if the student is eligible to enter the clinical agency. Students are responsible for the cost of the background check and drug screen.

If a clinical site denies a student placement in the facility, the student would be unable to complete the required clinical component of the course. The student will be withdrawn from all EMS courses and will not be allowed to progress in the program. Currently, the EMS program uses an online vendor for background checks and drug screening.

Program applicants should be aware that if they have pled guilty to or have been convicted of a felony or misdemeanor, the Office of EMS may restrict or deny licensure. Applicants are encouraged to review the *North Carolina Office of Emergency Medical Services Criminal Record Check Requirements for Credentialing*.

## **Vaccination Requirements**

- Current ***TB Test*** via negative skin test or chest X-ray that was received less than 180 days prior to starting class. Since your class may last longer than 1 year you are required to keep you TB test current. If not kept current, it will result in disciplinary actions.
- ***Hepatitis B via*** completion of the three injections series of vaccinations, positive titer or signed and dated refusal form
- ***MMR (Mumps, Red Measles, and Rubella)***
  - Students at ACC who were born on or after January 1, 1957 are required to show proof of immunity to the following diseases
  - Measles via proof of two vaccinations or positive titer
  - Mumps via proof of vaccination or positive titer
  - Rubella via proof of vaccination or positive titer
- ***Varicella*** (chicken pox), via complete (two injections) series of vaccinations, or positive titer
- ***Tetanus/Tdap*** via proof of vaccination that was received less than 10 years prior to taking the EMT program. Tdap is preferred to Tetanus.
- ***Flu vaccination***—via proof of vaccination within the year.



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## Paramedic Program Sequencing

Emergency Medical Science A.A.S Degree (Day Option) (A45340)

*Pending SACS approval*

Course Number	Course Title	Contact Hours	Credit Hours
<b>First Year</b>			
<b>Fall 1<sup>st</sup> Semester</b>			
EMS-4200-CE	Emergency Medical Technician	15	
ACA-111	College Student Success	1	1
BIO-168	Anatomy & Physiology I	6	4
ENG-111	Writing & Inquiry	3	3
<b>Spring 2<sup>nd</sup> Semester</b>			
EMS-130	Pharmacology	6	4
EMS-131	Advanced Airway Management	3	2
BIO-169	Anatomy & Physiology II	6	4
MAT-143	Quantitative Literacy	5	3
MED-121	Medical Terminology	3	3
EMS-122	EMS Clinical Practicum I	3	1
<b>Summer 3<sup>rd</sup> Semester</b>			
EMS-160	Cardiology I	5	3
EMS-221	EMS Clinical Practicum II	6	2
COM-120	Interpersonal Communication or	3	3
or	Public Speaking		
COM-231			



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## Paramedic Program Sequencing

Emergency Medical Science A.A.S Degree (Day Option) (A45340)

*Pending SACS approval*

Course Number	Course Title	Contact Hours	Credit Hours
<b>Second Year</b>			
<b>Fall 4<sup>th</sup> Semester</b>			
EMS-220	Cardiology II	5	3
EMS-250	Medical Emergencies	6	4
Social / Behavioral Sciences Electives		3	3
Humanities / Fine Arts Elective		3	3
<b>Spring 5<sup>th</sup> Semester</b>			
EMS-210	Advanced Patient Assessment	4	2
EMS-240	Patients with Special Challenges	3	2
EMS-260	Trauma Emergencies	4	2
EMS-270	Life-Span Emergencies	6	4
EMS-231	Clinical Practicum III	9	3
<b>Summer 6<sup>th</sup> Semester</b>			
EMS-140	Rescue Scene Management	3	2
EMS-285	EMS Capstone	4	2
EMS-241	Clinical Practicum IV	12	4





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## Paramedic Program Application (Appendix A)

Applications may be returned in-person to the EMS Program Director or submitted via email at [accemsdept@alamancecc.edu](mailto:accemsdept@alamancecc.edu)

1. Complete at least a one-page letter addressing the EMS Program's admission committee explaining your reasons for wanting to become a paramedic.

Submitted letters should adhere to the following formatting conditions:

12-point font  
Times New Roman  
1" margins  
Double spaced

2. Previous Education Form
  3. Patient Contact Experience Form
  4. Provide 3 letters of recommendation
- Letters of recommendation may be mailed to:

Alamance Community College  
P.O Box 8000 Graham, NC 27253  
Attention: Alex Della-Penna

**Or**

Emailed to: [accemsdepartment@alamancecc.edu](mailto:accemsdepartment@alamancecc.edu)



## PATIENT CONTACT EXPERIENCE: FT = Full-time / PT = Part-time

List all health care experience in which your responsibilities allowed for direct patient contact (e.g. nurse, EMT, aide, medical assistant, ambulance/fire service)

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Contact Phone Number: (    ) \_\_\_\_\_

Your position Title: \_\_\_\_\_ Months/Years: \_\_\_\_\_ FT    PT    Volunteer

Patient contacts per week: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Contact Phone Number: (    ) \_\_\_\_\_

Your position Title: \_\_\_\_\_ Months/Years: \_\_\_\_\_ FT    PT    Volunteer

Patient contacts per week: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Contact Phone Number: (    ) \_\_\_\_\_

Your position Title: \_\_\_\_\_ Months/Years: \_\_\_\_\_ FT    PT    Volunteer

Patient contacts per week: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Contact Phone Number: (    ) \_\_\_\_\_

Your position Title: \_\_\_\_\_ Months/Years: \_\_\_\_\_ FT    PT    Volunteer

Patient contacts per week: \_\_\_\_\_

(If you need more space, please list and attach additional experience on a separate sheet of paper.)

<b>EMT License Number:</b> _____	State: _____	<b>National Registry Number:</b> _____
Level: _____	Expiration Date: _____	Level: _____
		Expiration Date: _____

## REFERENCES

Identify below three individuals (not related to you) whom you have requested to submit letters of recommendation in support of your application.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Reason for Selection: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Reason for Selection: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Reason for Selection: \_\_\_\_\_

I give ACC EMS permission to contact the above references regarding any matter in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Required Materials (Appendix B)

Course Number	Books Used	Other Required Materials
EMS-4200-CE Emergency Medical Technician	<i>Emergency Care</i> 14 <sup>th</sup> Edition Author: Limmer  ISBN: 9780136857860	MyBrady Lab EMS Testing, Platinum Planner CEVO Online Training BLS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
EMS-130 Pharmacology	<i>Paramedic Care: Volume 1</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  <i>Prehospital Emergency Pharmacology</i> 8 <sup>th</sup> Edition Author: Bledsoe, B	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
EMS-131 Advanced Airway Management	<i>Paramedic Care: Volume 1</i> 5 <sup>th</sup> Edition Author: Bledsoe, B	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
EMS-161 Cardiology I	<i>Paramedic Care: Volume 3</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  <i>Basic Arrhythmias</i> 8 <sup>th</sup> Edition Author: Walraven, Gail	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
EMS-220 Cardiology II	<i>Paramedic Care: Volume 3</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  <i>Basic Arrhythmias</i> 8 <sup>th</sup> Edition Author: Walraven, Gail  <i>12-Lead ECG for Acute &amp; Critical Care Providers</i> Author: Page, Bob	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)



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Course Number	Books Used	Other Required Materials
<b>EMS-250 Medical Emergencies</b>	<i>Paramedic Care: Volume 3</i> 5 <sup>th</sup> Edition Author: Bledsoe, B	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
<b>EMS-210 Advanced Patient Assessment</b>	<i>Paramedic Care: Volume 2</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  Additional textbooks TBA	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
<b>EMS-240 Patients with Special Challenges &amp; EMS-270 Life Span Emergencies</b>	<i>Paramedic Care: Volume 5</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  Additional textbooks TBA	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
<b>EMS-260 Trauma Emergencies</b>	<i>Paramedic Care: Volume 4</i> 5 <sup>th</sup> Edition Author: Bledsoe, B	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
<b>EMS-140 Rescue Scene Management</b>	<i>Paramedic Care: Volume 5</i> 5 <sup>th</sup> Edition Author: Bledsoe, B  Additional textbooks TBA	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)
<b>EMS-285 EMS Capstone</b>	Additional textbooks TBA	MyBrady Lab EMS Testing, Platinum Planner ALS Uniforms Stethoscope, Penlight, Notepad Watch (non-smart watch)

### Recommended Equipment

- Laptop to be used for homework and in-class assignments
- Tablet or Smart Phone to be used for clinical, field, and lab documentation



# ACC PARAMEDIC ACADEMY

## PHYSICAL FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physical Examination Form

**Instructions:** Physician or official medical professional designee must complete this form and affix his/her official stamp at the bottom of the last page. Copies of lab reports, titers, etc. **MUST** be attached. **All sections of the form must be completed.**

**Physician:** Please complete and forward this record to the Clinical Coordinator at The Center for Emergency Medical & Safety Training, Inc. (address on the cover page).

1. Height: \_\_\_\_\_
2. Weight: \_\_\_\_\_
3. Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ R/R \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_
4. Vision: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_  
Corrected? \_\_\_ Yes \_\_\_ No
5. General Appearance: \_\_\_\_\_
6. Ears: \_\_\_\_\_
7. Nose: \_\_\_\_\_
8. Throat: \_\_\_\_\_
9. Neck: \_\_\_\_\_
10. Breasts: \_\_\_\_\_
11. Chest: \_\_\_\_\_
12. Cardiovascular System: \_\_\_\_\_
13. Abdomen: \_\_\_\_\_
14. GI System: \_\_\_\_\_
15. GU System: \_\_\_\_\_
16. CNS/Reflexes: \_\_\_\_\_
17. Back: \_\_\_\_\_
18. Extremities: \_\_\_\_\_
19. Is there evidence of misuse of alcohol or use of illicit drugs? \_\_\_ Yes \_\_\_ No
20. Describe any conditions currently being treated: \_\_\_\_\_  
\_\_\_\_\_
21. Allergies: \_\_\_\_\_

# ACC PARAMEDIC ACADEMY

## PHYSICAL FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Record Physician:** The following immunizations and/or titers are required unless otherwise stated. A shot record must document all immunizations/ titers. Titer results must be expressed in numerical values. **ATTACH COPIES OF ALL TITER RESULTS AND IMMUNIZATIONS.**

**TB Skin Test (PPD)**

**Required**

The student must complete a 2-step PPD\* prior to beginning the clinical experience.

\*The second PPD should be completed 7-10 days after the first test is completed.

A single PPD test is required yearly.

If the student has documentation that they have received a PPD test in the past then only one PPD is required.

Date #1 Date #2

Given \_\_\_/\_\_\_/\_\_\_ Given \_\_\_/\_\_\_/\_\_\_

Date #1 Date #2

Read \_\_\_/\_\_\_/\_\_\_ Read \_\_\_/\_\_\_/\_\_\_

Result #1 \_\_\_\_\_ Result #2 \_\_\_\_\_

If the PPD is positive, a chest x-ray must be obtained and copy of results attached.

Date of Chest x-ray \_\_\_/\_\_\_/\_\_\_

**Mumps Rubeola (Measles) Rubella (MMR)**

**Required**

The student must have proof of two (2) MMR vaccinations or documented proof of immunity shown by mumps, Rubeola, and rubella titers.

**If titer results do not indicate immunity, a MMR vaccination is required.**

Note: To reduce expense, a MMR vaccination may be given in place of titer levels.

Date #1 Date #2

Given \_\_\_/\_\_\_/\_\_\_ Given \_\_\_/\_\_\_/\_\_\_

Mumps Titer

Date: \_\_\_/\_\_\_/\_\_\_

Immune? \_\_\_\_\_

Result \_\_\_\_\_

Rubeola Titer Date:

\_\_\_/\_\_\_/\_\_\_

Immune? \_\_\_\_\_

Result \_\_\_\_\_

Rubella Titer

Date: \_\_\_/\_\_\_/\_\_\_

Immune? \_\_\_\_\_

Result \_\_\_\_\_

**Varicella titer (Chicken Pox)**

**Required**

Documentation of immunization or a Varicella titer is required prior to beginning the clinical experience. If the Varicella titer is negative, the student is required to obtain the series of Varicella vaccinations (two Varivax vaccinations) unless contraindicated by medical status or by pregnancy.

Date #1 Date #2

Given \_\_\_/\_\_\_/\_\_\_ Given \_\_\_/\_\_\_/\_\_\_

(if applicable)

Varicella Titer

Date: \_\_\_/\_\_\_/\_\_\_

Immune? \_\_\_\_\_

Result \_\_\_\_\_



Physician documentation required

**Influenza/H1N1  
(Seasonal Flu)  
Recommended**

All students are encouraged to have the seasonal flu vaccine yearly. If the student wishes to refuse the vaccination then a declination form must be signed and dated.

Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Declination form signed  
yes/no  
Date: \_\_\_\_\_

**Hepatitis B  
Recommended**

The series must be completed before beginning the clinical experience. If the series is not completed or the student wishes to refuse the vaccination series then a declination form must be signed.

Dates of Vaccinations:  
#1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (1 month)  
#2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (2 month)  
#3 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (4-6 month)  
Declination form signed  
yes/no  
Date: \_\_\_\_\_

**Diphtheria  
Tetanus  
Pertussis  
(Tdap)  
Required**

Proof of vaccination must be provided before the clinical experience begins.

**Td** Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Tdap** Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician \_\_\_\_\_

\*\*\*Please contact EMS Coordinator if you have questions 336-506-4299