



MARION
TECHNICAL COLLEGE

Uniform policy

Uniforms are purchased through Advertising Specialty Products and are special ordered.

Applicants will be fitted for uniforms on orientation.
You will be required to pay for your uniforms on that day.

Uniforms are not refundable.

If you are withdrawn after the orientation, you can pick up your uniforms at the MTC office at the Florida State Fire College. You must pick them up within two weeks; schedule a pick up time at 352-369-2875.

I have read and accepted these conditions for enrollment.

Print Name: _____

Signature: _____



IMMUNIZATION FORM (Proof Required)

Last Name: _____ First Name: _____ M _____

Address: _____ Date of Birth: _____

Telephone: (_____) _____ Email Address: _____

DIPHTHERIA, TETANUS & PERTUSSIS (DTaP/DTP) CHILDHOOD VACCINE/7 YEARS OLD AND YOUNGER

DOSE 1 _____ DOSE 2 _____ DOSE 3 _____ DOSE 4 _____ DOSE 5 _____
M/D/Y M/D/Y M/D/Y M/D/Y M/D/Y

TDAP - TETANUS, DIPHTHERIA & PERTUSSIS 1 TIME AFTER 11 YEARS OF AGE _____
M/D/Y

TD - TETANUS & DIPHTHERIA EVERY 10 YEARS _____
M/D/Y

HEPATITIS B ALL STUDENTS MUST SUBMIT PROOF OF CURRENT VACCINATION, OR MUST SIGN STIPULATION DECLINING IMMUNIZATION.

DOSE 1 _____ DOSE 2 _____ DOSE 3 _____
M/D/Y M/D/Y M/D/Y

CHICKENPOX (VARICELLA)
VACCINATION OR PROOF OF POSITIVE TITER

DOSE 1 _____ 2 _____
M/D/Y M/D/Y

MMR PROOF OF IMMUNITY MANDATED BY STATE

MUMPS (VACCINATION OR POSTIVE TITER) DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

MEASLES 2 DOSES NO LESS THAN ONE MONTH APART DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

RUBELLA (VACCINATION OR POSITIVE TITER) DOSE 1 _____
M/D/Y

DOSE 2 _____
M/D/Y

TUBERCULOSIS (TB)
MUST SUBMIT CHEST X-RAY RESULTS FOR POSITIVE REACTION (YOU WILL BE NOTIFIED WHEN TO TEST)

M/D/Y

INFLUENZA (FLU)
FOR EMT PROGRAMS ONLY
BETWEEN OCTOBER THROUGH
MARCH.

M/D/Y

Signature of Student: _____ Date: _____

COMPLETED IMMUNIZATION DOCUMENTATION MUST BE IN STUDENTS FILE PRIOR TO ANY CLINICALS.



MEDICAL HISTORY FORM

Completed form must be kept on file by the school

Student Information

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

Home Address: _____ Home Phone: (____) _____

Contact in case of Emergency: _____ Relationship to Student: _____

Home No: (____) _____ Work No:(____) _____ Cell: (____) _____

Personal/Family Physician: _____ City: _____

State: _____ Office Phone: (____) _____

Medical History: MANDATORY (to be completed by student) Explain "yes" answers below. Circle questions you don't know answers to.

IMPORTANT: IT IS VERY IMPORTANT THAT THESE QUESTIONS ARE ANSWERED TRUTHFULLY AS YOUR SAFETY AND HEALTH IS OF PRIMARY CONCERN. WE CANNOT QUALIFY ANY STUDENT INTO OUR TRAINING PROGRAM IF THERE IS ANY PRE-EXISTING OR CURRENT MEDICAL CONDITION, INJURY, ILLNESS OR DEFICIENCY WHICH WOULD PROHIBIT YOU FROM PERFORMING THE TYPE OF PHYSICAL ACTIVITIES YOU WOULD BE ENGAGED IN DURING OUR TRAINING.

Table with 16 rows of medical history questions and two columns labeled YES and NO for responses.

YES NO

- 17. Do you get tired more quickly than your friends do during exercise?
- 18. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
- 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?
- 20. Have you ever had a head injury or concussion?
- 21. Have you ever been unconscious or lost your memory?
- 22. Have you ever had seizures, history of epilepsy or neurological disorders?
- 23. Do you have frequent or severe headaches?
- 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?
- 25. Have you ever become ill from exercising in the heat or heat related injury?
- 26. Do you cough, wheeze or have trouble breathing during or after activity?
- 27. Do you have asthma, chronic bronchitis or lung disease?
- 28. Have you had any problems with your eyes or vision?
- 29. Do you wear glasses, contacts or protective eyewear?
- 30. Have you ever had stomach, liver or intestinal problems?
- 31. Have you broken or fractured any bones or dislocated any joints?

If yes, check appropriate blank and explain below:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |

- 32. Do you want to weigh more or less than you do now?
- 33. Do you feel stressed out?
- 34. Have you ever been diagnosed with Sickle Cell Anemia or any other blood Related disorder?
- 35. Have you ever been diagnosed with Sickle Cell?
- 36. Are you pregnant?

Explain "yes" answers here:

Student Signature: _____ Date: _____



EMT/FIRE STANDARDS STUDENT ACKNOWLEDGEMENT OF HIPAA OBLIGATIONS

I understand that it is the intent of the MTC/FSFC to safeguard and protect the privacy and security of its applicants, employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address or vehicle identification number).

In the course of my educational experience with MTC/FSFC contracted agencies, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with these contracted agencies, I hereby agree that I will not at any time (either during my assigned time with such agencies, or any time thereafter) access, use, or disclose to any person or entity, any protected health information of the contracted agencies applicants, employees, or patients.

I further understand it is the policy of the contracted agencies to ensure the confidentiality, integrity, and availability of protected health information entrusted to the contracted agencies by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to participate in education with these contracted agencies, I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in any agencies computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. I understand that this obligation survives the completion of my educational experience with MTC/FSFC contracted agencies no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all MTC/FSFC contracted facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

By, signing, and including today's date below, I acknowledge that I have read and understand my obligations as a student of MTC/FSFC to protect the privacy and security of protected health information relating to any applicant, employee, or patient.

Name Please Print: _____

Signature: _____

Date: _____

School Board of Marion County, Florida
Release and Waiver of Liability

I, _____ acknowledge that attendance and participation in a course of training involves a risk of bodily harm and injury. I hereby agree that, in partial consideration for participation in training involving the use of the Florida State Fire College, clinical sites, or School Board facilities or equipment, that I will be solely liable and I expressly release and forever discharge, and hold harmless the School Board of Marion County, Florida, and its employees, officers, and agents, from any and all claims, demands, rights, causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my participation in or in any way connected with said training.

I further agree that I, my spouse, my heirs, distributees, guardians, legal representatives and assignees will not make any claim against, sue, or prosecute the School Board of Marion County, Florida, or any other affiliate organizations, employees, officers and agents for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the School Board as a result of my participation in course activities. I further understand that this release and waiver of liability shall be effective for any events occurring during the entire period that I am present on the grounds of the Florida State Fire College and / or clinical sites or using any equipment belonging to the State of Florida and/or the Marion County School Board.

I hereby state that I am fully informed regarding the general dangers and risks of my participation in course training activities. I further release all agents and employees of the Marion County School Board from any claim whatsoever arising from first aid and medical services rendered to me as the result of my participation in all course training and clinical site activities, and I agree that I am financially responsible for the medical treatment and emergency services that I receive.

I further certify that I am of legal age, and suffer under no undisclosed disabilities. I acknowledge that this is a legal document, which I have read and voluntarily signed. I agree that no oral representation or statements and inducements apart from the foregoing written agreement have been made to me.

Student Signature

Date

Printed Name



DEPARTMENT OF FINANCIAL SERVICES

*Division of State Fire Marshal
Bureau of Fire Standards & Training*

RELEASE AND WAIVER OF LIABILITY
FLORIDA STATE FIRE COLLEGE

I acknowledge that attendance and/or participation in the activities at the Florida State Fire College involves a risk of bodily harm and injury and I assume all risk. I hereby agree that for consideration of the use of the facility, equipment, programs, grounds, and personnel of the Florida State Fire College, I hereby waive liability, and release and forever discharge the Florida State Fire College, the Florida State Fire Marshal, and the Department of Financial Services and its employees, officers, and agents individually from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof; including death, resulting from participation in or in any way connected with any classes, training, or use of the Florida State Fire College, its property or its equipment.

I further agree that for the consideration stated above, I will indemnify, hold harmless and covenant not to sue the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, and its employees, officers or agents for any claim for damages or causes of action whatsoever and by whomever made arising or growing out of my participation in the activities or use of the Florida State Fire College, its property or its equipment. I agree that this waiver and release shall include myself, my heirs, executors and assigns, whether such personal injury, death or property damage was caused by the negligence of the Florida State Fire College, the Department of Financial Services, the Florida State Fire Marshal, or any of its employees, officers, or agents. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective for any events occurring during the entire period of my enrollment or use of the Florida State Fire College.

I have received a copy of this document and I certify that I am of legal age, I am suffering under no legal disabilities, and that I have read the above carefully or had the above read to me before signing.

Signature

Date

Print Name

Course Title