

CPR CARD INSTRUCTIONS

REQUIRED FOR **FIREFIGHTER I-II & FIREFIGHTER II ONLY**

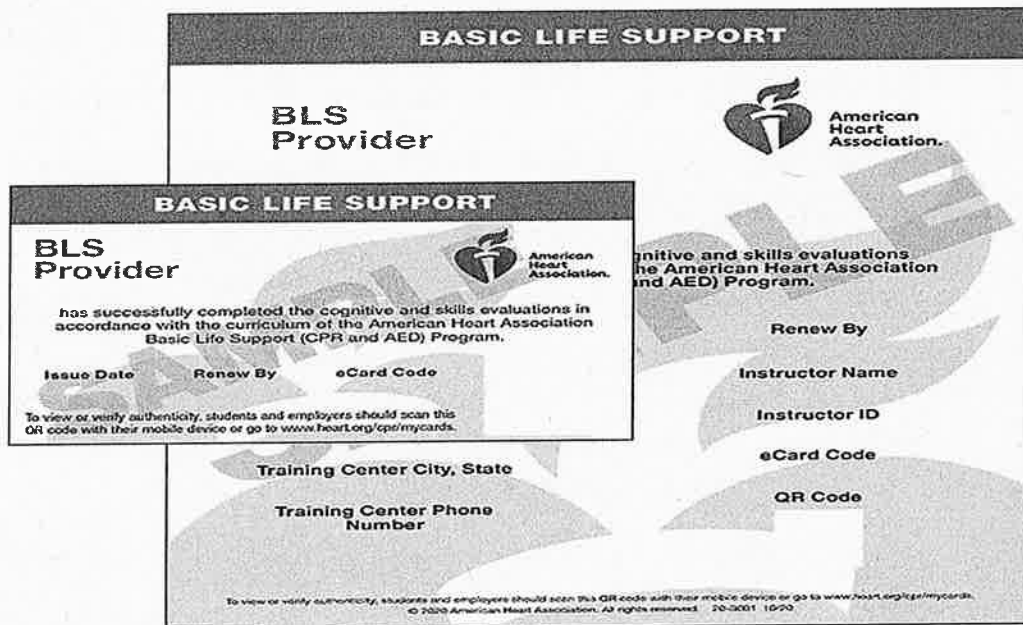
Firefighter (only) applicants must turn in a valid CPR card or certificate.
Healthcare Provider/Basic Life Support

Acceptable CPR Course Providers:

- American Heart Association (Preferred)
- American Red Cross
- American Safety & Health Institute

After completing a class, download your CPR card or certificate (see example below) from provider's website.

Residents of Marion County can call Marion CPR at 352-505-1184 or visit their website at registration@marioncpr.com.





MARION
TECHNICAL COLLEGE

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.

	YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____
2. Do you have ongoing chronic illness?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____
4. Have you ever had surgery?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications, pills or using an inhaler?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects) that require medical treatment?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____
10. Have you ever had dizziness or fainting spells?	_____	_____
11. Have you ever had chest pain during or after exercising?	_____	_____
12. Have you ever had racing of your heart or skipped heartbeats?	_____	_____
13. Have you had high blood pressure or high cholesterol corrected with meds? Or low blood pressure corrected with meds?	_____	_____
14. Have you ever been told you have a heart murmur?	_____	_____
15. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____
16. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____

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:

- | | | |
|-----------------|---------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip |
| _____ Neck | _____ Forearm | _____ Thigh |
| _____ Back | _____ Wrist | _____ Knee |
| _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger | _____ Ankle |
| _____ Upper Arm | _____ 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: _____



MARION
TECHNICAL COLLEGE

FIREFIGHTER – EMT STANDARDS STUDENT ACKNOWLEDGMENT OF HIPPA 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

An Equal Opportunity School District

11/2023-24



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



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Uniform Acknowledgement Form

Please read and acknowledge the following important information regarding your class uniform order:

- For Firefighter and/or EMT programs, uniforms are mandatory and included in your tuition: You will receive the following on the first day of class: 1 sweatshirt, 1 hat, 1 belt, 1 pair of boots, 2 cargo pants, 3 polos (2 short sleeved, 1 long sleeved), 5 t-shirts, and 5 shorts for PT.
- You may order more and pay out of pocket if you want extra. See the uniform company on Orientation Day about this.
- Uniforms are custom ordered to fit you personally and are ordered on Orientation Day.
- You are responsible for the full cost of the uniform (refer to program cost sheet), even if you decide to withdraw from the class before the official start date.
- Uniforms are non-refundable once ordered.
- If you drop from the program, you are entitled to pick up your uniforms at the Fire College on the first day of class. Since you paid for them, it is yours to keep even if you are not attending the class, but they cannot be shipped to you.
- Any uniforms that are not picked up within two weeks of the class start date will become property of Marion Technical College.

By signing below, you acknowledge that you understand and agree to these terms.

Student Name (Print): _____

Program Name: _____

Signature: _____ Date: _____