

Telephone number  
311 local  
705.671.2489 long distance

## PARAMEDIC PRE-EMPLOYMENT HEALTH STATUS FORM

### **To All Applicants:**

Completion and submission of the Pre-employment Health Status form is a requirement for all applicants for the position of Paramedic with the City of Greater Sudbury's Paramedic Services. The document must be completed by a qualified medical practitioner. The questionnaire ensures that all measures set forth by the Ministry of Health and Long Term Care and the municipality are met.

It is the responsibility of the applicant to arrange their Pre-employment Health Status Assessment once notified of advancement in the hiring process.

The remaining pages in this document set out the following:

- 1) Physician's Letter**
- 2) Candidate Information**
- 3) Medical Assessment**
- 4) Immunization Record**
- 5) Health Status Record**

The Paramedic Pre-employment Health Status form must be completed prior to an offer of employment with the City of Greater Sudbury's Paramedic Services.

Thank you.

A handwritten signature in black ink, appearing to read 'Paul Kadwell'.

**Paul Kadwell**, Deputy Chief  
Paramedic Services

Paramedic Services  
Lionel E. Lalonde Centre  
239 Montée Principale  
Unit 2  
Azilda, ON P0M 1B0

Services  
Paramédicaux  
Centre Lionel E. Lalonde  
239 Montée Principale  
Bureau 2  
Azilda, ON P0M 1B0

[www.greatersudbury.ca](http://www.greatersudbury.ca)  
[www.grandsudbury.ca](http://www.grandsudbury.ca)

Dear Physician:

In order to assist you in completing the "Medical Assessment" form, we have provided the following information regarding the physical requirements of a Paramedic's position.

### **Primary or Advanced Care Paramedic**

Paramedics operate as members of the Greater Sudbury's Paramedic Services team in the interchangeable roles of driver and paramedic. Frequently, paramedics have no other assistance available. Inability to routinely perform a task could have an immediate, negative impact adversely affecting patients' mortality/morbidity if not performed correctly and completely. Job functions are routine parts of most ambulance calls and are often performed concurrently.

#### *Physical Strength*

- Ability to lift, carry, push, pull a stretcher or equipment that frequently weighs as much as 130kg.
- Grip and/or reach, holding the stretcher as well as reaching for and securing other supplies and/or equipment.
- Gross and fine finger movement is required to move oxygen cylinders, patient care equipment (i.e.: backboards, administration of medication via injection etc.), report writing, manipulation of radio controls, operation of hand tools.

#### *Mobility*

- Ability to sit, stand, walk, run, bend, stoop, crouch, climb, kneel, crawl, twist, and balance.
- Paramedics are required to sit in an ambulance for extended periods of time, to access patients in residential homes, apartments or at accident sites that may be confined, obstructed, up or down one or more flights of stairs and traverse uneven terrain.

#### *Sensory Perceptorship*

- Speech, touch, vision, reading, writing, hearing, perception as necessary to ensure safe driving.
- Must meet the medical requirements in the Highway Traffic Act for a Class "F" drivers license.
- To conduct patient interviews, assessment, examinations and treatment.
- To communicate via face to face, telephone, radio, etc.

#### *Work Environment*

- Inside/outside, cold/hot, humid/dry, vapor/fumes, dust, ice, noise, moving objects, congested work sites, hazardous materials, electrical/radiant and thermal energy/sharp edges.

- Work is not confined solely to one building or geographic area. In the course of a shift, the paramedic may be required to go in and out of buildings including homes, garages, offices, malls, institutions, the paramedic may be exposed to extreme conditions in these buildings or outside of them including but not limited to narrow or obstructed passageways, poorly constructed or deteriorating physical structures such as stairs, unfriendly animals, poor lighting, etc.

*Work Conditions*

- Rotating shifts, with the possibility of shift overtime due to emergency call demand.
- Travelling, meeting deadlines, personal interaction, working with teams and/or groups.
- May be exposed to all types of weather conditions and communicable diseases.
- Must interact continually with members of the public, health care and Emergency Services teams. Sometimes under stressful and time sensitive circumstances.
- May be required to drive in adverse weather conditions or at a high rate of speed in an emergency situation.

Should you have any questions, please feel free to contact me at 674-4455 ext. 2749.

Sincerely,



Paul Kadwell, Deputy Chief  
Paramedic Services



**GREATER SUDBURY PARAMEDIC SERVICES  
PRE-EMPLOYMENT HEALTH STATUS FORM**



**For Internal Use Only**

The information collected in this form is solely for the purpose of obtaining information required under the Ambulance Act and is a condition of employment at Greater Sudbury Paramedic Services. It will not be released to other agencies.

Direct Enquiries To: Greater Sudbury Paramedic Services  
239 Montee Principale - Unit 2  
Azilda ON POM 1B0

Telephone: (705) 674-4455 ext 2749  
Fax: (705) 983-2683

**THIS AREA IS FOR CANDIDATE COMPLETION**

Name: \_\_\_\_\_ Sex: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(y/m/d)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Alternate Number: Pager  Cell  Other  ( ) \_\_\_\_\_

Email: \_\_\_\_\_

***Applicant's Certificate and Release of Information***

*I certify that the forgoing information is to the best of my knowledge correct and agree to this report and any future report from this examination only being given to Greater Sudbury Paramedic Services. The fee for the completion of this form is the sole responsibility of the applicant and not the responsibility of Greater Sudbury Paramedic Services.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(yy/mm/dd)



**GREATER SUDBURY PARAMEDIC SERVICES  
PRE-EMPLOYMENT HEALTH STATUS FORM**



The remainder of this document is to be completed by a physician. Legislative requirements have been revised to the Ambulance Service Communicable Disease Standards Version 2.0 dated August 1, 2015. The change to the requirements are identified (\*\*) within this document.

**MEDICAL ASSESSMENT**

Patient's Surname:		First Name:	
Address:		City/Town:	
Postal Code:		Telephone Number:	
Date of examination for this report:	Year:	Month:	Day:

Capabilities	No Limits	Other	Explanation
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Crouching/Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting floor to waist	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting waist to shoulder	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to use hands	<input type="checkbox"/>	<input type="checkbox"/>	

\* **If other, explanation required.**

**Limitations: please indicate if necessary and provide an explanation for each:**

<input type="checkbox"/>	Bending and twisting of body part/area:
<input type="checkbox"/>	Repetitive movement of body part/area:
<input type="checkbox"/>	Below shoulder activity:
<input type="checkbox"/>	Above shoulder activity:
<input type="checkbox"/>	Restrictions related to medications (specify):
<input type="checkbox"/>	Limited physical exertion:
<input type="checkbox"/>	Operating motorized vehicle:
<input type="checkbox"/>	Environmental:

**Physician's Information:**

Physician's Name: (please print)	Signature:
Address:	City/Town:
Date:	Telephone Number:



**GREATER SUDBURY PARAMEDIC SERVICES  
PRE-EMPLOYMENT HEALTH STATUS FORM**



**IMMUNIZATION RECORD CERTIFICATE**

Name of Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_,  
(Employee Name – print clearly) (yy/mm/dd)

has been immunized against the listed diseases in Table 1 – Part A of the Ministry of Health and Long Term Care – Ambulance Service Communicable Disease Standards, Version 2.0, or, such immunization is medically contraindicated, or, there is laboratory evidence of immunity, or, there is medically documented diagnosis or verification of history.

Disease	Schedule	Date of Immunization
Tetanus Diphtheria	Primary series (3 doses) if unimmunized Td booster doses every 10 years.	Vaccinated – Last dose date: _____
Pertussis	1 single dose of tetanus diphtheria acellular pertussis (Tdap) vaccine regardless of age if not previously received in adulthood.	Vaccinated – Dose #1 date: _____
Varucella (Chickenpox)	2 doses if no evidence of immunity.	Vaccinated – Dose #1 date: _____ Dose #2 date: _____ Serologic Testing date: _____
Polio	Primary series (3 doses) if previously unimmunized or unknown polio immunization history	Vaccinated – Dose #1 date: _____ Dose #2 date: _____ Dose #3 date: _____ Adult IPV date: _____
Measles	2 doses if no evidence of immunity regardless of age.	Vaccinated – Dose #1 date: _____ Dose #2 date: _____ Serologic Testing date: _____
Mumps	2 doses if no evidence of immunity.	Vaccinated – Dose #1 date: _____ Dose #2 date: _____ Serologic Testing date: _____
Rubella	1 single dose if no evidence of immunity.	Vaccinated – Dose #1 date: _____ Serologic Testing date: _____
Hepatitis B	2 – 4 age appropriate doses with serologic testing within 1 to 6 months after completing the series.	Vaccinated – Dose #1 date: _____ Dose #2 date: _____ Dose #3 date: _____ Dose #4 date: _____ Serologic Testing date: _____

Signed by \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_  
(Physician's Signature)



**GREATER SUDBURY PARAMEDIC SERVICES  
PRE-EMPLOYMENT HEALTH STATUS FORM**



Tuberculin Skin Test – Mantoux 2-Step Required (or 1 Step if previous 2 Step completed)

- A. Negative or Unknown Reaction: Must be completed before **MMR vaccine (or any live attenuated vaccine) is given or 30 days after receiving a live attenuated vaccine.**

If Step 1 is **negative** (0-9 min. in duration at 48-72 hours), do Step 2 in 7 days.

If either step 1 or 2 is **positive** (10 min. or more in duration @ 48-72 hours) evaluate as in B below.

STEP 1 – Date of Test: \_\_\_\_\_  
Date Read: \_\_\_\_\_  
Induration (mm) + - \_\_\_\_\_

STEP 2 – Date of Test: \_\_\_\_\_  
Date Read: \_\_\_\_\_  
Induration (mm) + - \_\_\_\_\_

- B. Known Positive Reaction:

Date of TB Test \_\_\_\_/\_\_\_\_/\_\_\_\_ Size (mm): \_\_\_\_\_  
(yy/mm/dd)

Evaluation: 1. Physical examination/symptom enquiry **regarding evidence of active disease or medical clearance to provide patient care.**

1. Chest X-ray: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ (copy of x-ray report within three (3) months)

2. INH Prophylaxis: No  Yes  Dosage \_\_\_\_\_  
Dosage \_\_\_\_\_

Influenza: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be current year)  
(yy/mm/dd)

If immunization not complete, an explanation is required:

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



## COMMUNICABLE DISEASE CERTIFICATE

Completion of this form is required to comply with the conditions of the Ambulance Act which states each paramedic employed by an ambulance service must be free from all communicable diseases referred to in the Ontario Regulation 257/00 (Specification of Communicable Diseases) and the Ambulance Service Communicable Disease Standards.

**Excerpt from Specification of Communicable Diseases O. Reg. 257/00 Ontario Regulation 257/00**  
(To be completed by your physician)

This is to certify that \_\_\_\_\_ has reported to me that  
(Patient's Full Name)  
he/she is not exhibiting any acute symptoms of reportable communicable diseases (as listed in the Ambulance Act) at this time. The list of reportable diseases is attached.

I, \_\_\_\_\_ do hereby sign this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
(Physician's Name)  
that the information as supplied accurately reflects the current health status of the above-named patient. The patient has not been tested for the following tests and the above claim is based on a clinical assessment and history.

<ul style="list-style-type: none"> <li>• Acquired Immunodeficiency Syndrome (AIDS)</li> <li>• Amebiasis</li> <li>• Arthrax</li> <li>• Botulism</li> <li>• Campylobacter enteritis</li> <li>• Chicken Pox (Varicella)</li> <li>• Cholera</li> <li>• Cytomegalovirus Infection (Congenital)</li> <li>• Diphtheria</li> <li>• Encephalitis (Primary Viral)</li> <li>• Gastroenteritis</li> <li>• Giardiasis</li> <li>• Group A Streptococcal Disease (Invasive)</li> <li>• Haemophilus Influenza B (Invasive)</li> </ul>	<ul style="list-style-type: none"> <li>• Hemorrhagic Fevers including Ebola disease, Marbug Virus Disease, and other Viral Causes</li> <li>• Viral Hepatitis including Hepatitis A, B, C, &amp; D</li> <li>• Influenza</li> <li>• Lassa Fever</li> <li>• Legionellosis</li> <li>• Leprosy</li> <li>• Listeriosis</li> <li>• Malaria</li> <li>• Measles</li> <li>• Viral Meningitis</li> <li>• Meningococcal Meningitis</li> <li>• Mumps</li> <li>• Ophthalmia Neonatorum</li> <li>• Paratyphoid Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Pertussis (Whooping Cough)</li> <li>• Plaque</li> <li>• Poliomyelitis (Acute)</li> <li>• Psittacosis / Ornithosis</li> <li>• Q Fever</li> <li>• Rabies</li> <li>• Rubella</li> <li>• Rubella (Congenital Syndrome)</li> <li>• Salmonellosis</li> <li>• Shigellosis</li> <li>• Tuberculosis</li> <li>• Tularemia</li> <li>• Typhoid Fever</li> <li>• Verotoxin producing E. Coli infections</li> <li>• Yellow Fever</li> <li>• Yersiniosis</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signed by \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_  
(Physician's Signature)

This form complies with the conditions of the *Ambulance Act*, Ontario Regulation 257/00, Part III of the Regulations (Qualifications of EMA's and Paramedics) Section 6 Article (h), which states an EMA and/or a Paramedic employed by an ambulance service must hold a valid certificate signed by a physician that states that the person is immunized against diseases listed in Table 1 to the document entitled Ambulance Service Communicable Disease Standards, published by the Ministry, as that document may be amended from time to time, or that such immunization is contra-indicated.