



Knoxville Volunteer Emergency Rescue Squad, Inc.

512 N Chilhowee Drive

Knoxville, TN 37924-2601

865-546-4824

www.kvers.org

CONFIDENTIAL

Applicant name: _____

Address: _____

City/State: _____ Zip: _____

Telephone: _____

Authorization for Release of Information:

I, _____ authorize the release of any medical information by the examiner necessary for qualifications by the Knoxville Volunteer Emergency Rescue Squad, Inc. or for determination of qualification of eligibility by the Division of Emergency Medical Services.

Signature of Applicant

Date

Dear Physician: A person who wishes to qualify to perform pre-hospital emergency patient care and rescue as a member of the Knoxville Volunteer Emergency Rescue Squad must present evidence of a medical examination certifying physical health sufficient to conduct activities related to our services. Activities include, but are not limited to the following: Patient care and rescue, including visual acuity, speech, and hearing, use of all extremities. Absence of musculoskeletal deformities, absence of communicable diseases, and suitable emotional fitness to provide for the rescue, care, and lifting of the ill or injured. Members also must be able to operate equipment including hydraulic cutting tools, reciprocating saws, hand tools, and operate/drive emergency vehicles.

Guidelines for the physician:

Cardiovascular: evaluation should include heart rate, BP, and the absence of pulmonary and/or circulatory deficiencies that may impose undue risk.

Vision: 20/20 corrected vision and red/green color discrimination.

Hearing: auditory perception of verbal speech, capability of auscultation, and vital signs.

Speech: ability to conduct a medically phrased conversation via a two-way radio and no impediments that would interfere with the ability to communicate with a patient.

Musculoskeletal: absence of defects or conditions that would impair the extrication, lifting, moving, and care of patients. Typical activities would involve a two-person lift of a two hundred pound patient.

PHYSICIAN AUTHORIZATION: I have determined that the aforementioned applicant

Does

Does not

Demonstrate physical health sufficient to perform as a provider of rescue and emergency services as established by medical history and physical examination.

Signature of examiner

Date

Printed name and address of examiner:

Phone Number:

