

FIELD MEDIC FIRST CLASS CERTIFICATION

CAPID	GRADE	NAME (last, First)
PHONE NUMBER	HOME UNIT (Charter #)	ADDRESS (Number and Street)
E-MAIL ADDRESS		(City, State, Zip)

These tests can only be administered by Senior and Master Medics. Full signatures and dates required.

Test Name	Signature	Date
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ADMINISTRATION

Field Medic Certification Date Issued: _____ - <i>Attach a Copy</i>		
Summer Ranger School Medic Assignment Squadron: _____ Year: _____		
Winter Ranger School Medic Assignment Squadron: _____ Year: _____		
First Responder or Equivalent Training		
Current Professional Rescuer CPR Training		
Completion of Continuing Medical Education Requirement for Field Medics		
Ranger First Class Date Issued: _____ - <i>Attach a Copy</i>		
Current CAPF 101 GTM1 or Higher - <i>Attach a Copy</i>		
Copy of Field Evaluation from Summer School Assignment		

PRACTICAL SKILLS

Demonstrate Complete Patient Assessment and Vital Signs within acceptable range		
Demonstrate ability to teach formal health and medical topics		
Completion of Field Medic First Class Written Test (75% or better)		
Completion of Summer Ranger School OJT Assignment with Base Medical Officer		
Discuss Medical Operations and Evacuation Plans		
Complete Triage Assessment Station		
Discuss Squadron Medic Role in MCI operations		

PHYSICAL FITNESS

100 meter Fireman's Carry of person of like weight		
100 meter Sprint with aid bag		
1 mile run in 10 minutes		
20 push ups		
30 sit ups in two minutes		

The above named individual has been reviewed by a board of current Master Medics and has been found to possess the skills and character acceptable of a Field Medic First Class.

MEMBER SIGNATURE	DATE
MEDICAL STAN/EVAL SIGNATURE	DATE