

# 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.

<b>Test Name</b>	<b>Signature</b>	<b>Date</b>
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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