

# FIELD MEDIC 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

Ranger Second Class      Date Issued: _____ - <i>Attach a Copy</i>		
Completion of Hawk Mountain Field Medic Course		
Completion of Wright Brother's Award		
Completion of Advanced Wilderness First Aid		
Current CPR Training		
Current CAPF 101 GTM2 or Higher - <i>Attach a Copy</i>		

## PRACTICAL SKILLS

Perform patient assessment and complete vital signs		
Perform spinal immobilization and patient packaging using appropriate equipment		
Satisfactory logbook from field exercise		
Demonstrate ability to teach preventative health care		
Maintain good interpersonal skills and effective communication		
Demonstrate ability to assess physical and emotional health of charges		
Demonstrate proper splinting of extremity injuries		
Demonstrate ability to control bleeding via four methods		
Demonstrate ability to improvise medical equipment from available resources		
Demonstrate ability to utilize proper field sanitation practices		

## 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.**

MEMBER SIGNATURE	DATE
MEDICAL STAN/EVAL SIGNATURE	DATE