

Shelby County Emergency Medical Services

Physical Agility Requirements

- 1. 10 Push- Ups**
- 2. 10 Sit – Ups**
- 3. 10 Squats**
- 4. Carry a Cardiac Monitor and ALS bag up and down two (2) flights of stairs**
- 5. Carry a patient on a stair- chair up and down two (2) flights of stairs**
- 6. Do Chest Compressions for 2 minutes on CPR Mannequin.**
- 7. Drive med unit according to diagram in course.**
- 8. Run, walk or jog 0.5 (1/2) mile in 6 minutes.**
- 9. Complete Patient Assessment scenario per NREMT skill sheet.**
- 10. Load life weight mannequin to stretcher, lift up and down completely five (5) times, and load into ambulance.**

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Physical Agility Descriptions

- 1. Push-ups = Feet must be together, hands shoulder width apart. Back must remain straight at all times. Resting may only be done with arms extended and your body elevated off the ground.**
- 2. Sit-ups = Hands must be behind your head, elbows directly in front of your head. The tips of your elbows must past the imaginary plane of your knees, which will be elevated with feet flat on the floor. Resting may be done only while in the “up” position.**
- 3. Squats = with feet at 45 degree angles in front of you, squat to lowest position with back straight. Bring your body back into the same position.**
- 4. Cardiac monitor will consist of a Life-pack 10 or 12 with carrying case and all monitor equipment. ALS bag will consist of all ALS equipment carried by a paramedic including meds, intubation equipment and IV therapy supplies.**
- 5. Stair-chair lifting will consist of a standard Shelby County EMS stair-chair and a patient or mannequin with a weight of 160-185 pounds.**
- 6. CPR will be completed on a CPR mannequin.**
- 7. Drive a med unit according to diagram within 4 minutes. There is a 10 second penalty for each cone hit or knocked over.**
- 8. Run, walk, or jog 0.5 (1/2) mile in six (6) minutes.**
- 9. Complete a Patient Assessment Scenario per NREMT skill sheet within 10 minutes. Skill may be either medical or trauma and will be announced the day of the process.**
- 10. Lifting of stretcher will consist of loading a mannequin with a weight of 165-185 pounds onto stretcher, raising and lowering stretcher 5 times, and loading into the ambulance.**

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Candidate: _____

Date: _____

	<u>Required</u>	<u>Completed</u>
Push- Ups	<input type="text" value="5"/>	<input type="checkbox"/>
Sit- Ups	<input type="text" value="5"/>	<input type="checkbox"/>
Squat Thrust	<input type="text" value="5"/>	<input type="checkbox"/>
Monitor/ALS Bag Carry	<input type="text" value="5"/>	<input type="checkbox"/>
Stair- Chair Carry	<input type="text" value="5"/>	<input type="checkbox"/>
CPR	<input type="text" value="5"/>	<input type="checkbox"/>
Driving	<input type="text" value="5"/>	<input type="checkbox"/>
0.5 mile Run	<input type="text" value="5"/>	<input type="checkbox"/>
Patient Assessment	<input type="text" value="5"/>	<input type="checkbox"/>
Stretcher Lift	<input type="text" value="5"/>	<input type="checkbox"/>

Please note Position for candidate in Stair chair testing of top or bottom

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Written Examination

The written examination will consist of an ALS or BLS version, depending on the position the candidate is applying for. The exam will consist of at 100 questions.

Points System

Physical: 5 points each activity. If more than $\frac{1}{2}$ of each activity is performed, $\frac{1}{2}$ credit will be given. If less than $\frac{1}{2}$, zero points will be awarded. The run is an all or none score.

Written:

0-20 missed-	25 Points
21-30 missed-	15 Points
31-40 missed-	10 Points
41-50 missed-	5 Points
50 or More-	0 Points

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Medical

Candidate: _____

Please check any of the following that apply:

Have you or any of your immediate family (parents or siblings) ever been diagnosed with any of the following medical conditions:

1. Coronary Artery Disease
2. Stroke
3. High Blood Pressure
4. Heart Attack
5. Seizure
6. Diabetes
7. Respiratory Disease (Asthma, COPD)

Has any one in your immediate family died of any of the above listed before the age of 50?

Yes

No

If you have checked any of the above boxes or answered “Yes” to the final question, you **MUST** obtain a letter from your family physician prior to the physical agility testing. Anyone failing to have proper documentation from their physician will not be permitted to test. False statements made on this document will also result in dismissal of the candidate from further testing in the Shelby County EMS hiring process.

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Medical Release

I understand the nature and extent of the physical activities required as part of the testing process conducted by Shelby County Emergency Medical Services. I do not know of any physical conditions that would make my participation in the testing difficult or dangerous. I further assume any and all risk for injuries, which may occur, because of my physical condition. I further agree that I have been honest in the medical evaluation form, and am aware that any dishonesty will result in dismissal from further testing in the hiring process of Shelby County EMS.

Candidate Signature: _____

SSN: _____

Date: _____

Witness: _____