

BALDY VIEW REGIONAL OCCUPATIONAL PROGRAM EMERGENCY MEDICAL TECHNICIAN (EMT)

Name (print): _____

Date: _____

Course Completion - Final Skills Testing

Instructor's Initials

- | | |
|--|-------|
| 1) Airway Management | _____ |
| 2) Patient Assessment – Medical | _____ |
| 3) Patient Assessment – Trauma | _____ |
| 4) Automatic External Defibrillator (AED) | _____ |
| 5) Bleeding Control | _____ |
| 6) Splinting | _____ |
| 7) Kendrick Extrication Device (KED) | _____ |
| 8) Traction Splint – Hare / Sager (CIRCLE) | _____ |
| 9) Emergency Childbirth | _____ |
| 10) Preparation / Monitoring Intravenous (IV) | _____ |