

**EMT LEVEL PSYCHOMOTOR EXAMINATION  
MEDICAL ASSESSMENT**

Initial:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Retest:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Evaluator's Initials:	_____	

**Candidate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator(s) Name: (Print or Type):** \_\_\_\_\_

**Evaluator(s) Signature:** \_\_\_\_\_

**Scenario #:** \_\_\_\_\_

<b>Actual Start Time:</b> _____ <b>15 minute time limit</b>	<b>Possible Points</b>	<b>Points Awarded</b>
<i>Takes or verbalizes appropriate PPE precautions</i>	1	
<b>SCENE SIZE-UP</b>		
<i>Determines the scene/situation is safe</i>	1	
<i>Determines the nature of illness/mechanism of injury</i>	1	
<i>Determines the number of patients</i>	1	
<i>Requests additional help if necessary</i>	1	
<i>Considers the stabilization of spine</i>	1	
<b>PRIMARY ASSESSMENT/RESUSCITATION</b>		
<i>Verbalizes general impression of the patient</i>	1	
<i>Determines responsiveness/level of consciousness</i>	1	
<i>Determines chief complaint/apparent life threats</i>	1	
<i>Airway and Breathing</i> • Assessment (1 point)      • Assures adequate ventilation (1 point)      • Initiates appropriate oxygen therapy (1 point)	3	
<i>Circulation</i> • Assesses/controls major bleeding (1 point)      • Assesses pulse (1 point) • Assesses skin [either skin color, temperature, or condition] (1 point)	3	
<i>Identifies priority patients/makes transport decision</i>	1	
<b>HISTORY TAKING AND SECONDARY ASSESSMENT</b>		
<i>History of present illness</i> • Onset (1 point)      • Radiation (1 point)      • Provocation (1 point) • Severity (1 point)      • Quality (1 point)      • Time (1 point) • Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)	8	
<i>Past Medical History</i> • Allergies (1 point)      • Last oral intake (1 point)      • Past pertinent history (1 point) • Medications (1 point)      • Events leading to present illness (1 point)	5	
<i>Performs secondary assessment [assesses affected body part/system or, if indicated, completes rapid assessment]</i> • Cardiovascular      • Neurological      • Integumentary • Pulmonary      • Musculoskeletal      • Gastrointestinal • Genitourinary      • Reproductive      • Psychological/Social	5	
<i>Vital signs</i> • Pulse (1 point)      • Level of consciousness (1 point) • Blood pressure (1 point)      • Respiratory quality (1 point)      • Respiratory rate (1 point)	5	
<i>Diagnostics [blood glucose test, pulse oximetry, etc.] as indicated</i>	2	
<i>States field impression of patient</i>	1	
<i>Verbalizes treatment plan for patient and calls for appropriate intervention(s)</i>	1	
<i>Re-evaluates transport decision</i>	1	
<b>REASSESSMENT</b>		
<i>Repeats primary assessment</i>	1	
<i>Repeats vital signs</i>	1	
<i>Evaluates response to treatments</i>	1	
<i>Repeats secondary assessment regarding patient complaint or injuries</i>	1	
<b>Actual Time Ended:</b> _____ <b>TOTAL</b>	<b>48</b>	

**CRITICAL CRITERIA ( ✓ )**

- \_\_\_\_\_ Fails to address any of the scenario's "Mandatory Actions"
- \_\_\_\_\_ Uses or orders a harmful intervention
- \_\_\_\_\_ Exhibits unprofessional behavior

**You must factually document your rationale for checking any of the above critical criteria on the reverse side of this form.**