



### Medical and Functional Assessment

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

The above-named student is currently enrolled in the Bachelor of Paramedicine Degree. Students are required to be medically cleared to commence Paramedicine Placements with SA Ambulance Service (SAAS)

#### **To be completed by the student's medical practitioner:**

Do you consider the student at risk of harm to themselves, patients being attended to, SAAS staff, or the general public should the student be required to assist with manual task manoeuvres? These manoeuvres may include the following parameters which define the functional capacity evaluation previously performed by the student:

- a. A dead lift of 35kg
- b. One handed carry of 12kg
- c. Pulling of 30kgs
- d. Pushing of 23kg
- e. Upper limb grip strength of 27kg

Yes  No

Do you consider the student at risk of harm to themselves, patients being attended to, SAAS staff, or the general public should the student have access to controlled substances during the course of their placement? These substances include:

- a. S4 medications – midazolam, methoxyflurane, lorazepam
- b. S8 medications – morphine, fentanyl, ketamine

Yes  No

Do you consider the student at risk of harm to themselves, patients being attended to, SAAS staff, or the general public should the student be exposed to a traumatic or conflict event whilst on placement? Note that students have access to a peer support process through both SAAS and the University's Health, Counselling and Disability Services should they require assistance.

Yes  No

Do you consider the student to be experiencing a medical condition (including one under investigation) which may affect their ability to safely undertake clinical placements or subsequently be a risk of harm to themselves, patients being attended to, SAAS staff, or the general public?

Yes  No

Do you consider the student requires any supporting structures to be put in place to help them transition back to performing Paramedic Placements? Note that this may require liaison with the SAAS team leaders/crew members and a certain level of disclosure around the area of risk.

Yes  No

Practitioner's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Practice Stamp  
or Address Here**