



Kinetik
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Emergency Medical Technician – Screening Assessment and Functional Evaluation (EMT-SAFE)

Physician Information and Medical Consent

Working as an Emergency Medical Technician (EMT) is physically demanding. M.D. Ambulance Care Saskatoon Ltd. requires that all applicants for positions as ambulance attendants, emergency medical technicians or paramedics demonstrate a level of physical ability to safely carry out the demands of the job. The EMT-Screening Assessment and Functional Evaluation testing has three components: a physiotherapy screen of musculoskeletal status, aerobic testing (treadmill) and job-based testing related to actual work tasks.

The job related tasks include a lift from floor to waist level of 125 lbs, carrying 75 lbs. of job related equipment up two flights of stairs, carrying a 125 lb. barbell up and down two flights of stairs (in simulation of carrying a loaded stretcher) and simulated ambulance loading requiring a lift of 140 lbs.. Assessment is completed under the supervision of licensed occupational therapists, physical therapists and exercise therapists. The medical consent below indicates that you consider the candidate physically fit to undertake this testing. Pre-test heart rate must be under 100 bpm and blood pressure under 150/100. If you have any questions or concerns regarding the EMT-SAFE please contact Kinetik at (306) 655-8974.

Upon successful completion of testing, the candidate will be issued a certificate indicated that they have met physical testing requirements for work as an Emergency Medical Technician, which will be considered valid for 6 months.

Candidate's name: _____
Candidate's date of birth: _____ (dd/mm/yr)

Having examined the above named individual; I am satisfied that he/she does not have any illness, disability or condition that would render it unsafe for him/her to undertake the EMT-SAFE as a test to document his/her ability to carry out the duties required for work in the area of emergency medical services (EMS). I have had the opportunity to examine the documented contents of the test and am aware that the testing is physically demanding.

Comments: _____

Date: _____ **Physician's Signature:** _____
Physician's Name: _____
Telephone #: _____

The candidate is required to present this form prior to EMT-SAFE testing.