

MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

ADULT PATIENT ASSESSMENTS

OEMS minimum requirement is ten (10). Each patient must be 17 years old and older

	Date	Age/Sex	Chief Complaint	Location	Preceptor Signature	Title
sample	06/15/04	43/ M	Chest Pain	ED	Timothy Jones, RN	RN
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I attest the information listed above is a true and accurate record to the best of my knowledge.

Signature of the Program Clinical Coordinator _____ Date _____

