

**MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION**

Student Name: \_\_\_\_\_ EMT# \_\_\_\_\_

**CARDIAC EKG RECOGNITION / INTERPRETATION**  
 OEMS minimum requirement is ten (10)

	Date	Age/Sex	Cardiac EKG Interpretation	Location	Preceptor Signature	Title
sample	12/07/03	57/ M	Atrial Fibrillation @ 120 bpm	ICU	<i>Rebecca Block, RN</i>	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 \_\_\_\_\_

