

EMT Patient Assessment Form

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

STUDENT INFORMATION:

Student's Name: _____ Cert #: _____

PATIENT ASSESSMENT SUMMARY:

Demographic Information:

Patient's Age: _____ Patient's Gender: Male Female

Chief Complaint:

History to Include Vital Signs:

Physical Findings:

Treatment/Interventions:

Signatures:

Student Signature: _____ Instructor's Signature: _____
Date: _____ Date: _____