

CANDIDATE #:

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT - PRACTICAL EXAMINATION TRACKING FORM

EXAM DATE: _____

EXAM SITE: _____

EMT Candidate Name: _____

INITIAL TEST			
TRAUMA STATION	MEDICAL STATION	RANDOM SKILLS STATION	
Evaluator Initials	Evaluator Initials	Skill Chosen	Evaluator Initials
		<input type="checkbox"/> Airway <input type="checkbox"/> Bleeding <input type="checkbox"/> Joint <input type="checkbox"/> Long Bone	<input type="checkbox"/> Traction <input type="checkbox"/> Backboard <input type="checkbox"/> K.E.D.

AUTHORIZED RETEST			
TRAUMA STATION	MEDICAL STATION	RANDOM SKILLS STATION	
Evaluator Initials	Evaluator Initials	Skill Retesting	Evaluator Initials
		<input type="checkbox"/> Airway <input type="checkbox"/> Bleeding <input type="checkbox"/> Joint <input type="checkbox"/> Long Bone	<input type="checkbox"/> Traction <input type="checkbox"/> Backboard <input type="checkbox"/> K.E.D.

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