

Lafayette EMS QRS Clearance Form: EMTs & EMRs

Name: _____ Preceptor's Name: _____

Date: _____

Brief Description of Call (Excluding any PHI):

Please complete self-assessment first, evaluating only what applies.

S = Satisfactory

R = Unsatisfactory/Remediation required (please explain)

	Assessment of Self	Preceptor Assessment	Specific Skills Performed Ex. Vitals, O₂, Airway, etc.
Patient Assessment (Overall)			
Initial Exam			
Focused Exam			
History/SAMPLE			
EMR/EMT Skills			
Documentation			
Litter/Stair Chair/Reeves			
Other Equipment Use			
Hospital Report			
Customer Service/Attitude			

Comments:

Signature: _____

Preceptor's Signature: _____