

**Good Fellowship Training Institute
EMT Student Ride-Along Program
Call Report**

Student Name: _____

Date: _____

GFAC Incident Number: _____

Check all that apply:

Performed	Observed	Skill
<input type="checkbox"/>	<input type="checkbox"/>	Patient Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Vital Signs
<input type="checkbox"/>	<input type="checkbox"/>	Lung Sounds
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Immobilization
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Administration
<input type="checkbox"/>	<input type="checkbox"/>	Suctioning/ Airway Management
<input type="checkbox"/>	<input type="checkbox"/>	Soft Tissue Injury (Bandaging, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Muscular-Skeletal Injury Management (splinting)
<input type="checkbox"/>	<input type="checkbox"/>	Lifting & moving
<input type="checkbox"/>	<input type="checkbox"/>	Other Skills (specify _____)
<input type="checkbox"/>	<input type="checkbox"/>	Cleanup and Prep of Unit/Equipment

Mentor Comments/Evaluation (use space provided on back for additional comments):

Signature of EMT Student: _____

Signature of EMT Mentor: _____

