



EMT Comprehensive Practical Examination Sheet				
Testing Site				
Site Coordinator		KEMSIS #		
Exam Site		Page	of	
Course #		Date		

#	Candidate Name	Birthdate	Stations						Overall
			1	2	3	4	5	6	
1									
2									
3									
4									
5									
6									
7									
8									
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19									
20									

Note: Please mark through any unused lines above or place ### below the last student

- Station 1:** Patient Assessment/Management-Trauma
- Station 2:** Patient Assessment/Management-Medical
- Station 3:** Oxygen Administration by Non-Rebreather Mask
- Station 4:** Supraglottic Airway Device

- Station 5:** Cardiac Arrest Management/AED
- Station 6:** Random Skills (Bleeding Control/Shock Management, Long Bone Immobilization, or Joint Immobilization)

I certify that the information given in this form is accurate to the best of my knowledge and recognize that falsification of this may result in discipline as stated in KRS 311A.

Signature Date