

Vermont EMT-I 03 Course Clinical Field Experience Preceptor Documentation

Name of Student: _____

All patient contacts **MUST** be reviewed by student with a preceptor following each call.

Patient Contact	
Date: ___/___/___	
Chief Complaint: _____	
Differential Diagnosis: _____	
Field Diagnosis: _____	
Assessment / care provided by EMT-I student:	
The following aspects were reviewed: <input type="checkbox"/> Scene Management <input type="checkbox"/> Patient Assessment <input type="checkbox"/> BLS Treatment <input type="checkbox"/> EMT-I 03 Treatment <input type="checkbox"/> Communications (patient/by-standers/other EMS providers/hospital staff) <input type="checkbox"/> Affect (compassion, respect for patient, calm & helpful demeanor)	
Preceptor printed name:	Preceptor signature:
Patient Contact	
Date: ___/___/___	
Chief Complaint: _____	
Differential Diagnosis: _____	
Field Diagnosis: _____	
Assessment / care provided by EMT-I student:	
The following aspects were reviewed: <input type="checkbox"/> Scene Management <input type="checkbox"/> Patient Assessment <input type="checkbox"/> BLS Treatment <input type="checkbox"/> EMT-I 03 Treatment <input type="checkbox"/> Communications (patient/by-standers/other EMS providers/hospital staff) <input type="checkbox"/> Affect (compassion, respect for patient, calm & helpful demeanor)	
Preceptor printed name:	Preceptor signature: