**MORRIS HOSPITAL EMS SYSTEM**

**EMD SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE**

All items must be completed. Print Only. All copies must be clear and easily legible

**ENTRY DATE: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**

**STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_ CELL #:\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL (print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MHEMSS AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEIGHT: \_\_\_\_\_\_ WEIGHT\_\_\_\_\_\_ HAIR COLOR\_\_\_\_\_\_ EYE COLOR\_\_\_\_\_\_ MALE/FEMALE (CIRCLE ONE)**

**EMS COORDINATOR AND PROVIDER CHECKLIST**

**Checklist needs to be completed with all of the required documents, signed by the department EMS Coordinator and turned into the MHEMSS by the provider the day he or she is coming into complete SMO exam. This all needs to be done before the provider is allowed to function in the system.**

**Department Coordinator**

1. \_\_\_\_Copy of current State of Illinois EMD License.

**License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

1. \_\_\_\_Copy of current CPR card.
2. \_\_\_\_Copy of Driver’s License. Must be legible with clear photo.

Signature of EMS Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

 Signature of the EMS System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_