



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: ___/___/___
2. ___ Copy of current CPR card.
3. ___ Copy of Driver's License. Must be legible with clear photo.

Signature of EMS Coordinator _____ Date: ___/___/___



Signature of the EMS System _____ Date: ___/___/___