

**Submit to
Membership
Manager**

Medical Professional First Aid Form

Service Unit: _____ Troop #: _____

Name: _____

Read the difference between Level 1 and 2 carefully and check all boxes for which you are trained to respond.

Basic Course Elements for Level 1

Length of Instruction: Minimum of eight hours of classroom instruction

<ul style="list-style-type: none"> • Procedures for exposure to blood borne pathogens • Blisters • Bleeding • Breathing difficulties • Burns • Chocking • Convulsion/seizures • Diabetic emergencies • Fainting 	<ul style="list-style-type: none"> • Injuries to bones and joints (sprain, fracture, dislocation, care of head, neck, spine) • Injuries to soft tissue (eye, nose, mouth, arm, leg, abdomen) • Insect bites and stings, tick bites • Pain, acute unexplained • Poisoning • Respiratory and heart resuscitation (adult and child) • Shock • Heat related emergencies (heat exhaustion, heat stroke, frostbite, hypothermia)
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Basic Course Elements for Level 2

Length of Instruction: Minimum of twenty hours of classroom instruction

In-depth instruction in topics listed for Level 1 and the following:

<ul style="list-style-type: none"> ❖ Amputation (care when body part is severed) ❖ Contagious disease and childhood illnesses, symptoms ❖ Crushing injuries ❖ Food-borne illness ❖ Prevention techniques of vector borne diseases, as appropriate to area (Rabies, Rocky Mountain Spotted Fever, Lyme Disease) 	<ul style="list-style-type: none"> ❖ Respiratory and heart resuscitation (adult and child) ❖ Substance/chemical abuse, symptoms ❖ Emergency/rescue, use of stretcher, backboard, vehicle transfer; water accidents (ice rescue, non-swimming rescue where appropriate)
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I qualify as the primary first aider because I have taken in-depth instruction in topics listed for the levels checked above; I am able to administer first aid in all areas identified above for the levels checked.

I, _____, having completed medical training equivalent to first aid certified training, on or about _____, am qualified to administer First Aid for the levels checked above.
(date)

I am serving as the troop/service unit's primary first aider for **(check one)**:

- This activity. **(Attach to Trlp/Activity Form)**
- The October 1, _____ to September 30, _____ membership year. **(Submit with troop's registrations)**

Signature MD, DDS, RN, LPN, EMT (circle your credentials) _____
Paramedic, PA, NP Date