



EMT-BASIC Required Medical and Trauma Skills

Student Name _____

Skill Assessed	Date Completed
_____ Patient Assessment	_____ / _____ / _____
_____ Vital Signs	_____ / _____ / _____
_____ Mechanical Aids to Breathing	_____ / _____ / _____
_____ Oxygen Delivery	_____ / _____ / _____
_____ Oropharyngeal Airway	_____ / _____ / _____
_____ Mouth-To-Mask	_____ / _____ / _____
_____ Bag-Valve-Mask	_____ / _____ / _____
_____ Suctioning	_____ / _____ / _____
_____ Cardiac Arrest Management/AED	_____ / _____ / _____
_____ Epinephrine Auto-Injector	_____ / _____ / _____
_____ Bronchodilator Administration	_____ / _____ / _____
_____ Small Volume Nebulizer	_____ / _____ / _____
_____ Handheld Metered Dose Inhaler	_____ / _____ / _____
_____ Bandaging	_____ / _____ / _____
_____ Splinting	_____ / _____ / _____
_____ Spinal Immobilization	_____ / _____ / _____
_____ Supine Patient	_____ / _____ / _____
_____ Seated Patient	_____ / _____ / _____
_____ Traction Splinting	_____ / _____ / _____
_____ Pneumatic Anti-Shock Garment	_____ / _____ / _____

Final Skills Approved By: _____

Date: _____ **TDH Certification #** _____