



**EMERGENCY MEDICAL TECHNICIAN - BASIC  
PRACTICAL EXAMINATION REPORT SUMMARY**

**PLEASE PRINT CLEARLY -- USE BLUE INK**

PREVIOUSLY TESTED IN WISCONSIN Y N  
(circle one)

NAME \_\_\_\_\_  
(last) (first) (mi)

ADDRESS \_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(city) (state) (zip)

GENDER M F DATE OF BIRTH \_\_\_\_\_ TRAINING INSTITUTE \_\_\_\_\_  
(circle one) (mm/dd/yyyy)

COURSE INSTRUCTOR \_\_\_\_\_ COURSE COMPLETION DATE \_\_\_\_\_

COURSE CITY \_\_\_\_\_ COURSE TYPE Basic Refresher SITE CODE \_\_\_\_\_  
(circle one)

EXAM SITE \_\_\_\_\_ EXAM DATE \_\_\_\_\_  
(district and city)

TYPE OF EXAM COMPLETED	
_____	ORIGINAL
_____	INITIAL RETEST
_____	STATION(S) RETEST
_____	TOTAL RETEST

**RECAP AND REPORT OF STATION PERFORMANCE**

	PRIMARY			RETEST				
A. Medical Patient Assessment/Management	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____
B. Spinal Immobilization	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____
C. Splinting Skills	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____
D. Trauma Patient Assessment/Management	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____
E. BVM and Dual Lumen Airway Device	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____
F. Cardiac Arrest Management/AED	PASS	_____	FAIL	_____	PASS	_____	FAIL	_____

Candidates failing two (2) or less stations are eligible for a same day retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed on a different date. Failure of the retest attempt constitutes a complete failure of the practical examination. A candidate must then retest the entire practical examination. Failing three (3) or more stations, constitutes a complete failure of the practical examination.

REPORT OF PRACTICAL EXAMINATION PERFORMANCE											
PRIMARY				RETEST							
PASS	_____	RETEST	_____	FAIL	_____	PASS	_____	RETEST	_____	FAIL	_____