

GHAS Paramedic Intern Evaluation Form
Shift Summary

Name _____ Date _____ Rig# _____

Shift Start _____ Shift End _____ Total Time Today _____

Current Grand Total _____

Today's Calls:

_____ Trauma _____ Arrest _____ Respiratory

_____ Chest Pain _____ Unresponsive

FUNCTIONS	INTERN	FIELD INSTRUCTOR	
	# OF TIMES PERFORMED	SATISFACTORY	NEEDS IMPROVEMENT
BLS Calls			
ALS Calls			
Patient History/Exam			
Medications			
IV/IO Insertion			
Intubation			
Defib./Cardiov./TCP			
CPAP			
Chest Decompression			
ECG Interpretation			
Drug Administration			

Pre-hospital Field Instructor Comments:

Pre-hospital Field Instructor Signature _____