

**EMERGENCY MEDICAL TECHNICIAN (EMT)  
PSYCHOMOTOR EXAMINATION REPORT SUMMARY**

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

PREVIOUSLY TESTED IN WISCONSIN? \_\_\_ Y \_\_\_ N

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

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

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

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_  
(mm/dd/yyyy)

EMAIL \_\_\_\_\_

TRAINING INSTITUTE \_\_\_\_\_ COURSE COMPLETION DATE \_\_\_\_\_

COURSE INSTRUCTOR \_\_\_\_\_ COURSE CITY \_\_\_\_\_

COURSE TYPE \_\_\_ Basic \_\_\_ Refresher EXAM SITE \_\_\_\_\_  
(district and city)

EXAM DATE \_\_\_\_\_ EXAM SITE CODE \_\_\_\_\_

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 Non-Visualized 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 second 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 PSYCHOMOTOR EXAMINATION PERFORMANCE			
PRIMARY		RETEST	
PASS _____	RETEST _____	PASS _____	RETEST _____
FAIL _____			