



JOB SHADOW REQUEST

Please return this completed, signed consent form with proper documentation to the Human Resources Department by fax to (989) 731-7792 or email to mrecord@myomh.org. Notice of 15 days is required. The individual job shadowing will observe a professional and ask questions about their career. This is a “hands off experience” with no assistance in patient care or productive work. At no time will job shadows be allowed to interfere with patient care. **Job shadows require the approval of the department supervisor, manager or director. (* Fields are required.)**

*Name (print): _____ *Date of Birth _____

*Job(s) you wish to observe (PA, Rad Tech, RN, etc): _____

*Email and phone: _____

*Date & time requested: Date: _____ Day: _____

*Time: From: _____ To: _____

*Department shadowing in: _____

*Employee you will be shadowing: _____

*Director, Manager or Supervisor Approval:

Signature Date

Dress Code: See full policy attached

- Clean, comfortable shoes with closed heels/toes •No Jeans/Athletic wear/ T-shirts/Sweatshirts
- No fragrances. •No facial piercings

Confidentiality/Liability

Job shadow must complete the Site Visit Confidentiality Agreement and Release and Waiver of Liability prior to or on arrival date

ADDITIONAL REQUIREMENTS FOR JOB SHADOWS EXCEEDING 1 SHIFT TO A MAXIMUM OF 40 HOURS:

- A two-step TB test or T-spot is REQUIRED for any job shadow exceeding eight hour’s total. Student is responsible for arranging and providing TB test results PRIOR TO beginning the job shadow. Results must be no older than 12 months. Two-step TB test requires a minimum of three days for completion.
- Flu vaccines/Immunizations: HR will review for MMR/Varicella, Hep B and T-dap. If immunizations are not up to date, a declination may be signed. Flu vaccines are mandatory for job shadows during influenza season (Season is typically October 1 – March 31, but subject to change). **Job Shadow is responsible for the vaccination and providing the proof. Job shadow gives consent for HR to pull immunization record from MCIR.**

Print Name: _____

Signature: _____ Date: _____