Tomah Health Job Shadow Application and Agreement Information

Welcome! To ensure that you get the maximum benefit from your Job Shadowing experience, there are several topics we think you should know about.

CONFIDENTIALITY: The nature of the health care industry and the state and federal privacy laws require all job shadows to maintain a high level of confidentiality. All medical and business information is confidential. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility**. To engage in discussions of confidential information is a breach of privacy and may lead to legal consequences. Each job shadow applicant will be required to sign a confidentiality agreement upon arrival for their shadow.

INFECTION PREVENTION: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products are available in the restrooms and work areas. You may not enter any room designated "Isolation". If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear personal protective equipment

GENERAL SAFETY: The overhead paging system will announce safety alerts. Stay with your designated preceptor for more instruction

SMOKING: Tomah Health is a tobacco-free healthcare facility.

DRESS CODE: You will be instructed on the appropriate work attire for your requested job shadow area. Business casual will be the designated attire unless otherwise notified.

HEALTH REQUIREMENTS: All health requirements, as listed on the application must be complete before job shadowing. This includes three doses of the Hepatitis B vaccine or an immune titer; two doses of the MMR vaccine or an immune MMR titer; two doses of the Varicella vaccine or an immune titer; a Tetanus vaccine (Td or Tdap) within the last 10 years. The TB Risk Assessment form in the application must be completed. If the applicant is wanting to job shadow for more than 40 hours, a TB blood test will need to be completed or a two-step TB skin test. The applicant will need to contact their primary care provider's office to arrange this. Any applicant who is wishing to shadow between October 1st - March 31st, will need to be vaccinated for Influenza. Declinations will not be accepted.

MISCELLANEOUS INFORMATION: If you are unable to report for your scheduled job shadow experience, please notify the HR department at hr@tomahhealth.org

The Job Shadow Agreement must be signed.

Tomah Health
JOB SHADOW APPLICATION

Please turn in this completed form, along with the signed Job Shadow Agreement at least two weeks prior to your requested Job Shadow date.

Today's Date: _____ DOB:_____
First Name: _____ Last Name: _____
School/Organization: _____ Grade: _____
Address: _____ City/State: _____
Phone Number: _____ Email address: _____
Emergency Contact Name/Relation:_____
Emergency Contact Number: _____
Preferred days to take part in a job shadow. Select all that apply **and** list dates you are available :
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday @ Times:_____
Dates: _____
_____
Are there any other requirements we should be aware of? (i.e. # of hours desired/required for class, more than 1 day needed, etc.) _____
_____
Department(s) Requested: _____ or
Career Interest or unit: _____
Name of person you would like to shadow (if known):_____

Job Shadow Application Health Screening: **PERSONAL HEALTH HISTORY**

1. Do you have any major medical problems that we should be aware of? Yes No If yes explain,
_____
_____
_____

I certify the health history requirements are true and complete.

Signature:_____ Date:_____

Tomah Health TB Risk Assessment

Immunizations (must attach copies of all immunizations)
Hepatitis B x3 vaccine dates *or* titer date:
Influenza vaccine date (Required if Shadowing Oct 1st – March 31st):
Measles, Mumps, & Rubella (MMR) x2 vaccine dates or titer date:
Tetanus, Diphtheria and Pertussis (Tdap) vaccine date:
Tuberculosis skin test or blood draw date (2 step or blood draw required for those shadowing over 40 hours):
Varicella x2 vaccine dates or titer date:

Name:	Date:	Phone Number:

1. Have you ever had a positive TB test?	[ ] Yes	[ ] No	When?
Were you given medication for it?	[ ] Yes	[ ] No	What?
2. Have you traveled overseas within the past two years or born out of country?	[ ] Yes	[ ] No	Where?
3. Have you ever had active TB or exposed to someone with infectious TB?	[ ] Yes	[ ] No	When Meds?
4. Have you ever had BCG vaccine? (Tuberculosis Vaccination)	[ ] Yes	[ ] No	When? Where?
5. Have you ever been told by a health practitioner that your immune system is suppressed or compromised?	[ ] Yes	[ ] No	
6. Have you received a MMR (Measles/Mumps /Rubella), Chicken Pox, or Shingles vaccination in the past 6 weeks?	[ ] Yes	[ ] No	If yes, date(s) of vaccine given:
7. In the last year, have you had: Chronic Fatigue? Persistent cough-lasting more than 3 weeks?	 [ ] Yes [ ] Yes	 [ ]No [ ] No	If yes to any please explain:

Unexplained weight loss? Known exposure to TB? Unexplained fever? Night Sweats? Coughing up blood?	[ ] Yes [ ] Yes [ ] Yes [ ] Yes [ ] Yes	[ ] No [ ] No [ ] No [ ] No [ ] No	
8. Were you an employee at a correctional facility, long term care facility or a shelter for the homeless in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC?	[ ] Yes	[ ] No	If yes to any please explain:
Applicant / Patient Signature:	Date:		
Reviewed by:	Date:		

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Health history reviewed by:_____ Date:_____

Mentor:_____

Mentor scheduled for date / time:_____

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING

(If a minor, a parent or legal guardian's signature is mandatory)

Job Shadow Agreement

1. I, have requested to be present in the hospital, clinic, or hospice.

I, the Job Shadow Participant, agree to adhere to the following rules:

a. Read Tomah Health's job shadow application and agreement information and adhere to the information I will ask questions if I do not understand the information.
b. Follow good hand-washing techniques
c. Adhere to the job shadow dress code
d. Wear personal protective equipment if there is a potential of contacting blood or other body

fluids

e. Wear a name tag identifying myself as a Job Shadow
f. Inform my mentor if at any time I feel ill during the shadowing activity
g. Arrive promptly and remain flexible to allow for extenuating circumstances such as patient emergencies that might interrupt the schedule
h. Remain at all times where directed and leave the areas when requested to do so by a physician, nurse, or administration
i. At the conclusion of my assignment, complete an evaluation of the program and return to HR.

2. I understand the patient's right to confidentiality and agree to respect that right by not disclosing information regarding any patient or regarding the organization/administration.

3. I understand this permission may be revoked at any time during the observation period by the attending physician or other staff.

4. In consideration of the permission granted, I hereby release the physicians, the organization, and its employees from any claims or liability, physical injury and/or damage including emotional distress or injury or mental anguish which may be sustained by me as a result of the presence of myself in the hospital, clinic, or hospice setting.

5. I am age 15-17 years of age with parental/guardian consent or am over the age of 18

SIGNED BY:

_____ _____

Signature of Participant Date

_____

Printed Name

_____ _____

Signature of Parent/Guardian of Minor *(required if under 18)* Date

_____

Printed Name

Thank you for taking the time to complete this application. We are eager to introduce you to rewarding careers in rural healthcare! We will review your application and do our best to match you with an appropriate mentor. All sections of this application must be completed prior to your job-shadowing experience. Please return this application to:

Human Resources
Tomah Health
501 Gopher Drive, Tomah, WI 54660
EMAIL: hr@tomahhealth.org
FAX: (608) 377-8729