

Tomah Health Job Shadow Application and Agreement Information

Welcome! To ensure that you get 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.

INFECTION PREVENTION: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, are available in the rest rooms 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.

HEALTH REQUIREMENTS: All health requirements, as listed on the application, must be completed before job shadowing. This included TB screening, two dates of MMR, Varicella immune status by titer or 2 vaccines and Influenza Vaccination information if shadowing between October and April.

MISCELLANEOUS INFORMATION: If you are unable to report for your scheduled job shadow experience, please notify the assigned department manager or the HR department.

Job Shadow Agreement must be signed.

Tomah Health
JOB SHADOW APPLICATION

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

Student Name: _____ School: _____

Address: _____ Grade: _____

City: _____ School Contact: _____

Phone Number: _____ Today's Date: _____

Age: _____

Parent Name: _____

Emergency Contact Number: _____

Preferred days to take part in a job shadow experience. Select all that apply or list dates:

Monday Tuesday Wednesday Thursday Friday _____

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,

Immunizations (must attach copies of all immunizations)

TB Date (within last 12mos):

Hep B x3 dates *or* Titer date:

Influenza Vaccine Date (October-April):

Measles & Mumps (MM) Immunity Status:

Varicella Immunity Status:

I certify the health history requirements are true and complete.

Signature: _____ Date: _____

CONTINUED ON BACK

JOB SHADOW APPLICATION (continued)

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Health history reviewed by: _____ Date: _____

Mentor: _____

Mentor scheduled for date / time: _____

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:

Tomah Health Human Resources
Attn: Training & Education Specialist
501 Gopher Drive, Tomah, WI 54660
PH: (608) 377-8617
FAX: (608) 377-8729

Job Shadow Agreement

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING
(If a minor, a parent or legal guardian’s signature is mandatory)

- 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