

# Job Shadow/Observer Form



**Please Print Clearly and Legibly**

Last Name:		First Name:		Middle Initial:
Cell Phone:		Email Address:		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please list age:		Emergency Contact:		
Emergency Contact Relationship:		Emergency Contact Phone:		
Are you currently employed or volunteer at Froedtert Health <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently employed at MCW <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify department and role:				
<b>Purpose of Visit</b>				
List activities and/or educational objectives for this observation:				
If observation required for school: School name:				
Type/Name of Program (if applicable):			Grade Level:	
<b>Froedtert Health Facility - Please check one</b>				
<input type="checkbox"/> Froedtert Hosp.	<input type="checkbox"/> Froedtert Menomonee Falls Hosp.	<input type="checkbox"/> Froedtert West Bend Hosp.	<input type="checkbox"/> Holy Family Memorial Hosp.	
<input type="checkbox"/> Froedtert & Medical College of Wisconsin Clinic – Clinic location:				
Department or Occupation Requested for Observation [Identify a primary choice and secondary (back-up) choice]				
Primary: _____		Secondary: _____		
Number of Hours Requested: (no more than 4 hrs. unless agreed upon with Job Shadow Coordinator): _____		If pre-arranged, who is the department or employee contact at Froedtert: _____		
<b>Health Requirements (Must attach medical documentation)</b>				
<input type="checkbox"/> <b>MMR (Measles, Mumps, Rubella) –2</b> (two) doses of MMR vaccine <b>OR</b> 1 (one) dose quadrivalent measles, mumps, rubella, and varicella (MMRV) vaccine <b>OR</b> positive MMR titer				
<input type="checkbox"/> <b>Tuberculosis Surveillance</b> – One of the following is required ( <i>attach negative skin test, blood test or chest x-ray results</i> ): <ul style="list-style-type: none"> <li>• <b>Negative TB Skin Test</b> (dated within 12 months of observation start date)</li> <li>• <b>Negative Quantiferon Gold Blood Test (IGRA) or T-Spot</b> (dated within 12 months of observation start date)</li> <li>• <b>Chest X-Ray Negative for TB</b> (dated within 6 months of observation start date)</li> </ul>				
<input type="checkbox"/> <b>Influenza</b> – During influenza season (approximately September through March) – <b>1</b> (one) dose of vaccine				
<input type="checkbox"/> <b>COVID Vaccine</b> - Medical documentation of <u>full COVID vaccination series including Booster</u> if received (Must provide <b>one</b> of the following: documentation from Wisconsin Immunization Registry (WIR) <b>OR</b> signed letter from the healthcare provider who administered the vaccine identifying the manufacturer, lot number and date of administration); <b>***COVID Vaccine Card is not acceptable proof of vaccination status</b>				
<b>Signatures</b>				
I certify the information in this document and any attached documents are true, correct, and complete. I understand and agree that any misrepresentation, misstatement, or omission from this application may lead to termination of my participation in the Job Shadow/Observer Experience. I agree to report any signs or symptoms of communicable disease, including but not limited to: fever over 100.4 degrees, vomiting, diarrhea, cough, sore throat, runny/stuffy nose, body aches, or chills. <b>I agree I will not come to the observation if I am sick.</b>				
Observer (Print Name):			Date:	
Signature of Observer:				
If under 18, parent or legal guardian (Print Name):		Relationship:		Date:
Signature of parent or legal guardian:				