



**OBSERVER ACKNOWLEDGEMENT: NON-PROFESSIONAL OBSERVER**

I understand and agree to the following shadowing requirements:

- I have provided the Hospital with identification indicating my age.
- I will present a professional appearance (business casual dress or scrubs as noted) while on campus.
- I have read and signed the Statement of Confidentiality and Consent.
- To my knowledge, I am free of known communicable diseases or acute health problems, and my immunization status meets my school requirements.
- I understand that I will not be examining patients (except with patient approval and under direct observation by the preceptor) or take part in any patient procedures, nor will I have access to any medical records.
- I will remain with my Preceptor (or designee) at all times during the shadowing experience.
- I will wear a visitors badge while on campus which identifies me as a Student Observer.

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_