



I, _____, am requesting permission to observe in _____ (list area of interest) in a healthcare setting.

My observation experience objective includes (choose one):

- Completing as part of a job application process
- Applying to Healthcare program (University, etc.)
- Looking at a possible career in healthcare
- Desiring experience in Pediatric facility – no clinical rotations/opportunities through school
- Other _____.

I understand that my observation experience at Children's Mercy Hospital will not exceed one day in duration.

I agree to conform to all hospital policies and procedures during the time I spend at The Children's Mercy Hospital. I agree to take direction from the Hospital program director and his/her designees.

I understand that for my safety and the safety of the pediatric patients in this healthcare setting it is important for me to complete the following health history information.

Chicken pox (Varicella): Two varicella vaccines, at least 28 days apart, ___/___/___ and ___/___/___.
 Or Serological proof of immunity (positive varicella IGG titers) ___/___/___.

MMR: Two MMR vaccinations at least 28 days apart ___/___/___ and ___/___/___.
 Or serological proof of immunity (positive IGG titers for each) ___/___/___.

Provide both: documentation of an initial negative screening per CDC recommendations for new healthcare workers; either an IGRA blood test (T-spot or QFT), or two-step TB skin test (TST), and documentation of an annual TB screening (TST or IGRA) within 12 months prior to arrival at CM. Copy of check x-rays if tested positive to TB. ___/___/___ result _____.

Tetanus/diphtheria/acellular pertussis (Tdap)-adult formulation-Adacel or Boostrix (administered after 2005) ___/___/___.

Hepatitis B vaccinations: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ completed on and titer ___/___/___ (or documented waiver)._____

Influenza-proof of vaccination during the flu season (as defined by the facility) completed on ___/___/___.

I understand that despite all reasonable safety precautions, healthcare environments present a risk of exposure to communicable diseases. I agree to abide by the Standard Precautions procedures. If I am pregnant or think I might be, I agree to inform the person supervising my observation BEFORE I begin my experience at The Children's Mercy Hospital.

I understand that emergency medical assistance is available if needed but that I am responsible for any related expenses and for my own health insurance.

In consideration for the opportunity to complete my experience at The Children's Mercy Hospital, I hereby release The Children's Mercy Hospital, its officers, directors, employees, and agents from any claim, damage or liability related to my experience at The Children's Mercy Hospital.

Signature of Student: _____ Date: ___/___/___

If student is under 18 years of age, legal guardian is required to sign below.

Signature of Legal Guardian: _____ Date: ___/___/___

Emergency Contact Name/Phone Number () - _____ - _____ Name: _____