Clinical Observation Experience Checklist -- SAHS

Graduate Medical Education
Student Observation / Shadowing Application

Observer/Shadover Name (Print): ________________________________________________

Provider being Observed/Shadowed (Print Name): _________________________________

Provider Signature: __________________________  Date: ____________________________

Location of Observation / Shadowing: ____________________________________________

Clinic Manager/Department Supervisor Name (Print): _______________________________

Dates of Observation / Shadowing: ______________________________________________

I. Observer / Shadover Requirements –
   
   ____  Age requirement:  16 years old; 18 for OR, ED, ICU or other trauma-related area
   
   ____  Observers under 18, approval statement or letter signed by parents
   
   ____  Proof of negative TB test within the last 12 months
   
   ____  Confidentiality & Network Access Agreement – signed by observer & provider
   (observer signs “USER” line, provider signs “EMPLOYER” line)
   
   ____  Clinical Observation Mandatory Education – signed by observer
   
   ____  Current flu vaccine verification if observing between November 1st thru March 31st.
   
   ____  Full COVID vaccine verification
   
   ____  Approval statement or letter signed by school official (on school letterhead)
   
   ____  This application form signed and dated by provider above (for clinical shadowing)

IMPORTANT: Please make sure your packet is complete before you submit.
Incomplete packets will not be accepted.

Please note: Observers can never touch – only watch. He/she/they must also wear an ID so
that patients know the observer is not a Saint Al’s employee and cannot assist. Driver's license
or school ID in a sleeve on a lanyard is sufficient.