PROVIDENCE
Regional Medical Center
Everett

Job Shadow Authorization Form

Providence Regional Medical Center Everett (PRMCE) and Providence Medical Group (PMG) requires that any individual requesting a Job Shadow Application must first complete this Authorization Form. Please note that you must request a signature from the Department Manager, Director or a Physician on page 2.

Once you've completed this form, please email to: VolunteerServicesInfo@providence.org. If you are unable to email the form, you may send it via fax to (425) 261-4583.

The Job Shadow Application will be emailed to you within 3 business days once we receive this completed and signed Authorization Form.

JOB SHADOW REQUIREMENTS – Check each box below

- I will remain under the direct supervision of a PRMCE/PMG staff member at all times with the exception of appropriate personal breaks.
- I understand that a sponsor must be someone who is not related to me.
- I am at least a high school senior or older.
- I understand that all information acquired at PRMCE/PMG must be kept strictly confidential and no information will be released outside the academic setting.
- I agree to share only my perception of the experience but will not refer to anything specific that could be used to identify a patient (i.e., location, name, etc).
- I understand that under no circumstances may I provide any form of patient care. I may only observe staff members performing their job related duties.
- I agree to follow PRMCE's dress code of business casual attire (i.e., slacks, nice shirt, and closed-toe shoes.) If I arrive for the shadow in jeans, open-toed shoes or other inappropriate attire, I will not able to participate in the shadow and will need to reschedule to a later date.
- I understand that I am allowed to shadow for a maximum of 8 hours total.
- I also understand that specific details of my shadow should not be shared on any social media site.
- I will not attend my shadow if I possess a communicable disease on the date of the shadow. Common examples include flu, herpes, common cold, chicken pox and measles. If you're not sure whether you're contagious, please refer to your staff sponsor for clarification.

PROVIDENCE
Regional Medical Center
Everett

HEALTH REQUIREMENTS – Check each box below

I have provided my PRMCE/PMG staff contact with official documentation from a physician or designee of the following immunizations. **Volunteer Services will NOT accept your health record. You must show proof of immunizations to the person you are shadowing.**

- Measles, Mumps, Rubella (MMR)
- Varicella
- Tdap (Tetanus, Diptheria, Pertussis) within the last 10 years
- Seasonal Influenza (Flu) shot or Signed Declination (during active flu season)
- Tuberculin (TB) test within the last 12 months **(only required when shadowing in a surgical environment)**

JOB SHADOW DETAILS – To be completed by participant

Participant Name (Please Print): _____

Participant Signature: _____ Date: _____

Participant Phone: _____ Email Address: _____

Full Name & Title of Staff Contact: _____

Staff Email Address: _____

Department: _____

SIGNATURE OF DEPARTMENT MANAGER

I, as Department Manager/Director or a Physician, have read and understand the job shadow requirements outlined above. By signing this form, I verify that the participant has met these requirements and I authorize the job shadow to take place once the application process has been completed.

Manager Name (Please Print): _____

Manager Signature: _____ Date: _____