



Beaver Dam Community Hospital
 707 S. University Avenue
 Beaver Dam, WI 53916
 (920) 887-4100

INFORMATION FOR JOB SHADOWING – OBSERVATION ONLY

Please read the following guidelines and supply the requested information. The form must be completed *prior* to your job shadow experience. Contact the Human Resources Department with any questions.

1. **Medical History:** Beaver Dam Community Hospitals, Inc., Beaver Dam, Wisconsin, is dedicated to the treatment of those who are sick or injured. There are certain requirements of all individuals entering the hospital for employment or educational purposes to ensure the quality of care as well as meeting regulatory requirements.

Your signature on this form indicates the following: freedom from communicable disease, including no presence of cough, fever, night sweats, active diarrhea, or draining wounds/sores.

2. **Confidentiality:** Our patients have the right to have their personal, medical, and social history kept confidential. This includes written, verbal, or computerized information. It is your obligation not to release *any* confidential information. While observing at BDCH, our preceptors reserve the right to deny you access to observe any case which they feel is of a sensitive nature.

3. **Safety:**
 - A. There are many chemicals used in hospitals, do not handle any chemicals.
 - B. Controlling the spread of infection or disease in hospitals is important for the health of everyone. You may not observe any activity that might increase your potential for exposure this includes but is not limited to observing patients who are currently on isolation precautions. *Hand washing is the best control of infection control; wash your hands thoroughly and frequently.*

4. **Dress & Shoes:** Business casual clothing will be permitted. Wear comfortable, soft soled shoes (tennis shoes are fine).

5. **Visitor Badge:** Student Job Shadows are required to wear a Job Shadow/Visitor Badge. This badge can be acquired from Human Resources prior to Job Shadowing and must be returned following your Job Shadow.

6. **Liability:** Student Job Shadows assume full liability for any and all injuries that may occur while performing any task, observation, or duty while participating in the Beaver Dam Community Hospital, Inc. Job Shadow Program.

7. **Tdap immunization:** Tdap is the tetanus vaccine which contains added protection against the Pertussis bacteria, also known as “whooping cough.” Frequent outbreaks are common in the United States. Both the Center for Disease Control and Prevention (CDC) and BDCH highly encourage all individuals to update this vaccine if you have not all ready for your protection.

8. Have you been sick in the last 2 to 4 weeks? YES / NO
 If YES, please explain: _____.

9. Have you been near someone who has been sick in the last 2 to 4 weeks? YES / NO
 If YES, please explain: _____.

10. I am up-to-date with all of my immunization records (provide copy and fill in page 2): YES / NO

11. What is your level of experience with this field? _____

I have read and understand the Job Shadow guidelines as presented to me. I understand that I am responsible for following all directives as given to me by my assigned hospital mentor.

Signature

Date

If under 18, signature of parent/legal guardian:

Signature

Date

Name: (print)	Contact Number:
Email:	Position or Department of Interest:
Days Available: M T W TH F (please circle all that apply)	Times Available for Job Shadow: (please be specific)

EMPLOYEE HEALTH – IMMUNIZATION RECORD

IMMUNIZATIONS			
	Date	Date	Date
Required (Must have 2 documented immunizations or documented titer)			
MMR 1			
MMR 2			
OR MMR Titer			
One of Three Required Below			
Chicken Pox Vaccine (Varicella)			
Varicella Titer			
History of Chicken Pox (Date)			

**Return this form to Human Resources: Fax (920) 887.4101 or Email to sjahn@bdch.org
Once all forms are received we will coordinate your request and we will contact you.
Thank you for your interest in job shadowing at BDCH!**