



## Job Shadow Health Screening Form

Completed Health Screening Form must be received a minimum of 30 days prior to your experience.

Name (Last, Middle Initial, First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Attach proof of immunization records OR have health care provider sign below verifying your information. You must provide medical documentation of vaccination or titer OR disease history OR combination for each of the following:

Required Information	Immunization Dates (Month/Day/Year)	
Measles (Rubeola)		
Mumps		
Rubella		
Chicken Pox (Varicella)		
COVID-19 (Pfizer, Moderna, Johnson & Johnson)		
Annual influenza vaccine (current season)		

\*Any cost incurred to update immunizations or obtain immunization information will be the responsibility of the job shadow participant.

\_\_\_\_\_  
Health Care Provider Signature                      Date                      PRINT Health Care Provider Name                      Health Care Provider Phone

My signature confirms that the above information is true. At the time of my signature below, I confirm that I am free of any communicable diseases and I do not have a cough, fever, etc. If any symptoms arise prior to my time at Gundersen Health System, I will notify [GHSJobShadows@gundersenhealth.org](mailto:GHSJobShadows@gundersenhealth.org) immediately of my current situation.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian of Minor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please email [GHSJobShadows@gundersenhealth.org](mailto:GHSJobShadows@gundersenhealth.org). Please send all completed documents to [GHSJobShadows@gundersenhealth.org](mailto:GHSJobShadows@gundersenhealth.org).