



Job Shadow Agreement Form

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING. (If a minor, a parent or legal guardian's signature is mandatory.)

This form (and accompanying forms) will be submitted **30 days** prior to your requested shadow dates.

- I, _____, have requested Gundersen Health System to grant permission for me to be present in the hospital, nursing home, home health, or hospice setting for a job shadow to enhance my education. In return, I, the Job Shadow Participant, agree to adhere to the following rules:
- a. I will read Gundersen Health System's Job Shadow/Observation GL-9932 policy and adhere to the policy. I will ask questions if I do not understand the policy.
 - b. I will notify GHSJobShadows@gundersenhealth.org if I need to cancel the job shadow experience.
 - c. I will wear business casual clothing to the site. This includes closed toe shoes and socks unless otherwise informed.
 - d. Perfume/colognes may trigger allergic reactions in patients, therefore should be minimal.
 - e. At no time will I represent myself as a member of the health care workforce at this site.
 - f. I will wear personal protective equipment when warranted or as directed.
 - g. I will wear the badge provided to me identifying myself as a student. The badge must be worn above the waist and returned promptly after the shadow is complete.
 - h. I will inform my mentor if at any time I feel nauseous, dizzy or otherwise ill during the shadowing activity.
 - i. I will arrive promptly and remain flexible to allow for extenuating circumstances such as patient emergencies that might interrupt the schedule.
 - j. Cell phones must be turned off during the shadow experience.
 - k. I will follow all directions given by Gundersen Health System.
- II. I understand the patient/resident's right to confidentiality and agree to respect that right by not disclosing information regarding any patient/resident or regarding the organization/administration. I have also read, understand, and signed the Gundersen Health System's Confidentiality and Security of Information HR-205 policy.
- III. I recognize that shadowing in the health care setting and any complication thereof may be emotionally distressing. I also recognize the primary responsibility of Gundersen Health System staff is to the patient; therefore, it may not be possible to provide immediate attention to me should the need arise.
- IV. I understand that if permission is granted, it may be revoked at any time.
- V. I hereby release Gundersen Health System and affiliates from any claims and/or liability, physical injury and/or damage including emotional distress which may be sustained by me as a result of the presence of myself in the hospital, nursing home, home care, or hospice setting.
- VI. I am age 16 or older.

Signature of Participant

Date

Signature of Parent/Guardian of Minor

Date

Please email all completed documents to GHSJobShadow@gundersenhealth.org