Prior to job shadow arrival, please return this completed, signed consent form with proper documentation via inter-office mail, or e-mail to hr-mmc@mhc.net or fax to 231.935.7191. The individual job shadowing will observe a professional and ask questions about their career. This is a “hands off experience” with no assistance in patient care or productive work. At no time will job shadows be allowed to interfere with patient care. **Job shadows require the approval of the department manager and department director.** Job shadows are not allowed in the O.R. (* fields are required)

*Name: _________________________________________________________________

*Area of interest in medical field ____________________________________________

*Email and phone: ________________________________________________________

*Date & time of job shadow

  Date: __________ Day: __________

  *Time: From: __________ To: __________

*Department shadowing in: _______________________________________________

*Employee you will be shadowing: __________________________________________

*Department Manager Signature (Approval): _______________________________

*Department Director Signature (Approval): _______________________________

Dress Code:
- Closed heel shoes or clean tennis shoes
- Slacks (no jeans)
- Shirt with a collar (or a skirt/dress)
- Long hair should be contained
- No fragrances.

Confidentiality/Liability
Job shadow must complete the Site Visit Confidentiality Agreement and Release and Waiver of Liability prior to arrival date.

**ADDITIONAL REQUIREMENTS FOR JOB SHADOWS EXCEEDING 8 HOURS TOTAL TO A MAX OF 16 HOURS:**

- A two-step TB test is **REQUIRED** for any job shadow exceeding eight hour’s total. Student is responsible for arranging and providing TB test results PRIOR TO beginning the job shadow. Results must be no older than 12 months. Two-step TB test requires a minimum of three days for completion.

- Flu vaccines are mandatory for job shadows between November 15 and March 31. Job Shadow is responsible for the vaccination and providing the proof. **No vaccine is required from April 1 to October 31.**

Print Name: __________________________________________________________________

Signature: __________________________________________________________________ Date: ______________________