

**MON HEALTH MEDICAL CENTER
JOB SHADOWING AGREEMENT**

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|--|--------|------------------------------|-------------------|
| Applicant Name: <i>(must be 16 years of age to apply)</i> | | Address: | |
| Phone: | Email: | Birthdate: ____/____/____ | |
| To Shadow: | | Preferred Dates: | |
| Preferred Times (please circle): | | <i>4 hours AM</i> | <i>4 hours PM</i> |
| | | | <i>8 hours</i> |

Upon approval, applicant will be permitted to accompany an employee of Mon Health Medical Center to observe the requirements of a potential job position. There is no guarantee that all requests will be fulfilled due to the needs of the organization and availability of staff. During this period of time, applicant may be observing patients and limited diagnostic and therapeutic procedures on the following conditions:

Responsibilities of Applicant

- a. To comply at all times with the standards of conduct of Mon Health Medical Center and to conduct himself/herself in a professional and positive interpersonal manner.
- b. To maintain a neat and clean personal appearance.
- c. To take no photographs and at all times to observe patient confidentiality, to include not listing any patient's names or identifiers in any journal or record that is kept of the observations and encounters. To respect the clinical nature of confidential patient information and to not disclose that information or any other confidential patient details to any third party at any time.
- d. To have no physical contact with any patient.
- e. To visit patients and therapeutic and diagnostic departments only when accompanied by an assigned employee.
- f. To provide to MHMC an attestation that he/she has met the Mon Health Medical Center requirement for influenza vaccination. Influenza vaccine is required for job shadowing experiences taking place during flu season, October 1st through March 31st.

- g. To not observe patients or visit Mon Health Medical Center when he/she is feeling ill or experiencing a cold or other potentially infectious condition.

Responsibilities of Employee

- a. To provide a supervised atmosphere for the Applicant.
- b. To ensure that at no time shall Applicant have any physical contact with any patient.
- c. To ensure that all Applicant contact with patients and access to their confidential medical data, to include diagnostic test results, is approved in advance by the patient and documented by the employee in the patient's medical record.
- d. To ensure that the Applicant's job shadowing has been approved in advance by the Department of Human Resources.

Reservation

At all times, MHMC reserves the right to terminate this Agreement immediately, with or without cause.

I agree to be bound by and comply with the terms and conditions of this Agreement.

Applicant Name Date

Signature of Applicant Date

Signature of Parent/Legal Guardian Date
(Required if applicant is under 18 years of age)

Employee Date

HR Representative Date