



JOB SHADOW AGREEMENT

I understand and acknowledge that Mercy Health (“Mercy”) has agreed to allow me to shadow professionals at its facility based on my interest in exploring a potential career in the health care field. In consideration of Mercy allowing me the opportunity to participate in its observational learning / job shadow program, I understand and agree as follows:

1. Shadowing is limited to following and observing a medical professional as they perform their job duties at Mercy. I will not have unsupervised access to patients.
2. While on Mercy premises, I will abide by all policies, rules and regulations of Mercy and follow the direction of the Mercy co-worker to whom I am assigned for the job shadow program.
3. I understand and agree that photography is not permitted at any time during the job shadow program.
4. My required immunizations are current. I have not had any exposure to measles, rubella or chickenpox in the last 30 days.
5. I understand that as an observer, regardless of background and training, I may not perform any medical procedures. I will not physically touch patients. If I am allowed to observe a patient during a procedure, I understand the healthcare professional is to obtain the patient’s consent first.
6. I will not touch medical equipment.
7. I will not access Mercy medical records, charts or computers.
8. I will not assist in feeding but may help deliver food to patients.
9. I understand that as an observer, I may not approach physicians or other Mercy health care professionals about my own personal illness(es) or medications.
10. I will dress professionally as outlined in the attached dress code policy.
11. I will not perform my own personal care in the clinical setting (i.e. applying lip gloss, handling contact lenses, eating or drinking, brushing hair, etc.).
12. I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, lab, and autopsy rooms. Isolation rooms will be clearly marked with signage outside of the patient room indicating the type of precautions.
13. I will abide by Mercy’s Infection Prevention policies and will not participate in the shadow program when I am sick, experience the onset of any signs and symptoms consistent with illness, and/or potentially have a contagious illness. Examples of symptoms that prohibit me from participating in the job shadow program include, but are not limited to: fever, diarrhea, vomiting, productive cough or sneezing, rash, or open wound.
14. I agree to release, indemnify and hold harmless Mercy and its officers, agents, co-workers, attorneys, subsidiaries, affiliated entities, predecessor and successor organizations, insurers and assigns (“Mercy Entities”) from and against any and all responsibility and obligation for my participation in the job shadow program. I agree not to hold Mercy liable for any or all injuries, losses damages or expenses



which may occur as a result of any act or omission of Mercy Entities, or which may arise from my participation in the job shadow program.

15. I hereby authorize Mercy to provide emergency or urgent medical treatment as deemed advisable by any physician or surgeon on the professional staff of Mercy. Mercy will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, and that Mercy will rely on this authorization only in the event of any emergency or urgent situation. In the case of a minor student, every effort will be made to contact the parent/guardian listed prior to treatment, and the consent will only be used at a time when the parent/guardian consent may not be available.
16. As part of the job shadow program, I understand that I will be in a facility where patients are being treated. And, as a part of the job shadow program, I may come into contact with patient information. I understand that Mercy is obligated under both federal and state law to keep patient information confidential. I further understand that if I encounter patient information through the course of the job shadow program, it is solely for the purpose of demonstrating concepts of principles, and not for the purpose of disclosing the patient's information, condition, diagnosis or treatment. I understand that all information about patients, whether it is medical or personal, is absolutely confidential and I will not discuss or repeat anything that I see, read, or hear. I have read and signed a Confidentiality Agreement wherein I agree to keep all patient information confidential.
17. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in rounds in clinical areas and I may be subject to legal liability as well.
18. I understand that Mercy may remove me from the job shadow program for any reason, or no reason at all. This includes, but is not limited to:
 - My failure to abide by the terms of this agreement or Mercy policies;
 - My failure to act in a responsible and mature manner; or
 - If Mercy believes it is in my best interest, or the best interests of its patients or co-workers.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____

Date: _____

Name: _____

Email: _____

Phone Number: _____

Signature of Parent/Guardian (required if participant is under age of 18): _____

Printed Parent/Guardian Name: _____