Job Shadow Documentation Form

<u>Student</u> Name: _____ Dates: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Phone Number: _____

Contact person in case of emergency_____

        Daytime phone number: _____

Exams Observed:

_____

For RT Staff:

Scheduled date and time: _____

Did student attend initial appointment? _____

Arrival time: _____   Departure: _____

Dresses Appropriately: _____

Dressed inappropriately _____   If yes, action taken: _____

Comment: (interest shown)

RT Staff Member Signature:

_____

Job Shadow Agreement Form

As a participant in the Southern Regional Technical College job shadow experience, I have read and understand, and agree to abide by the following criteria as set forth by the college.

1. I agree to follow all instructions by the radiology staff while observing in the Diagnostic Imaging department.
2. I am aware there are infectious diseases present in the hospital, and will adhere to all policies as instructed, in order to protect the patient and/ or myself from potential exposure.
3. I will abide by all departmental radiation protection procedures as instructed by the staff of the facility.
4. To my knowledge, I have no known/ or have been exposed to any infectious diseases (i.e. measles, chicken pox, tuberculosis) that I may be carrying and would compromise a patient's well-being by respiratory or contact transmission.
5. I agree to maintain in strictest confidence medical and personal information about the patient, and I understand this information may not be revealed or discussed after leaving the radiology department.
6. I agree to observe, and not actively participate in any radiographic procedures while participating in the job shadow event.
7. I understand as a job shadow participant that I am not an employee of the clinical site. I also understand that I should I be injured at the clinical site, while a participant in the shadow event, I shall be responsible for payment for any necessary medical treatment.
8. I also understand that the term for the Job Shadow Event is **8 hours only**.

Participant Signature: _____ Date: _____

Witness: _____ Date: _____