



Job Shadow Commitment Statement

In consideration of the opportunity to observe the performance of medical personnel at Mid-State Health Center, I agree to the following:

1. I have reviewed the Student Handbook and agree to follow the standards set in there.
2. I understand that patients must consent to my presence.
3. I agree to maintain and protect the absolute confidentiality of the names of the patients and any other patient identifying information as well as all information related to the condition, diagnoses, and treatment of any patient.
4. I understand that Mid-State Health Center will not assume or provide any type of insurance coverage, including malpractice insurance coverage for me, while I am on Mid-State Health Center premises.
5. I will wear an identification badge at all times, while in the practice, that clearly identifies me as an observer. I will surrender the badge to Manager/Preceptor/Education and complete a brief survey of the experience once completed.
6. I acknowledge that no assurance or representation concerning my health or safety during the period of my observation have been made to me. I understand that numerous risks to health and safety may be present in a health center, including but not limited to exposure to infectious agents, and I voluntarily assume all risks associated with my presence in the health center as an observer.
7. I understand that Mid-State Health Center reserves the right to terminate the clinical at any time, for any reason.
8. I understand that this is an observation only experience and does not imply or promise any future employment opportunities.

Observer Name (Print)

School Facility Name

Observer Signature

Date

Parent Name (Print) Required if student is under age 18

Date

Parent (Signature) Required if student is under age 18

Preceptor (Print)

Date

Preceptor (Signature)