



Aspirus Job Observation Request and Agreement

Name:

Email:

Are you a current Aspirus Employee or Volunteer: Yes No

School Name (if applicable):

Reason for Request:

Position of Interest:

Department of Interest:

Available Dates (standard date is Friday mornings):

Option date 1:

Option date 2:

Available Times (standard time is 2 hours):

Option time 1:

Option time 2:

CONFIDENTIALITY

Our patients, customers, and employees have the right to have their personal, medical, and social history kept confidential. It is your obligation to not release *any* confidential information. This includes any written, verbal, or computerized information. Job Observation participant agrees to not disclose any patient or Aspirus information to third parties or persons, including my family and friends; this restriction extends to revealing any information over the phone or any social media. In addition, Job Observation participant may be subject to liability and responsibility for legal damages for any unauthorized disclosure.

DRESS & SHOES

Job Observation participant is expected to dress in a professional manner. Clean and neat street clothing (business casual) will be permitted as well as scrubs. • NO jeans, high heels, t shirts, sweatshirts, sleeveless shirts, shorts, opened toed shoes will be permitted. • ONLY comfortable, soft-soled, flat shoes or tennis shoes are acceptable. • Socks or hosiery must be worn at all times during the job shadow.

MEDICAL HISTORY

Aspirus is dedicated to the treatment of those who are sick or injured. There are certain requirements of all individuals entering Aspirus for employment or educational purposes to ensure the quality of care as well as meeting regulatory requirements. Any Job Observation participant who is displaying signs of illness, as determined by hospital staff, will immediately be asked to leave. Your signature on this form indicates the following that you are free from communicable disease, including no presence of cough, fever, night sweats, active diarrhea, or draining wounds/sores.

LIABILITY

Job Observation participant assumes full liability for any and all injuries that may occur while participating in an Aspirus Job Observation.

INFLUEZNA ACKNOWLEDGMENT

I acknowledge that I may be required to wear a mask if my job observation falls during the flu season.

Electronic Signature Job Observer

Date of Signature