



## Job Shadow Application

**University of Michigan Health-West Use**

Dept Assigned: \_\_\_\_\_  
Date & Time Assigned: \_\_\_\_\_  
With Employee: \_\_\_\_\_  
 Application  
 Confidentiality Agreement  
 Health Screening

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of an emergency, contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of School/Company: \_\_\_\_\_ Grade (if applicable):  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  
 college/trade school

Days available for job shadow experience:  Mon  Tue  Wed  Thu  Fri

Times available for job shadow experience:  Morning  Afternoon

Or, list specific dates and times you are available: \_\_\_\_\_

Job/Area of interest: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**(Please Note: Emergency, ICU, and Labor & Delivery are not available)**

Why are you requesting this shadow experience? What do you expect to learn?

I have read and understand the information on the Information Sheet. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release University of Michigan Health-West of all liability. I give the facility at which the job shadow is being conducted permission to release my telephone number or contact instructions to the requested department. While I am job shadowing at any site under University of Michigan Health-West, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the information on the Information Sheet and authorize my child to participate in this job shadowing experience. University of Michigan Health-West shall not be held responsible for adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this job shadowing experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release University of Michigan Health-West of all liability. I give University of Michigan Health-West permission to release my child's telephone number or contact information to the requested department.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if applicant is under the age of 18)*

For All Job Shadows (excluding Nursing), please submit application to:  
University of Michigan Health-West  
Attn: Jennifer DeVries, Volunteer Services  
PO Box 916  
Wyoming, MI 49509  
Email: [jennifer.devries@umhwest.org](mailto:jennifer.devries@umhwest.org)  
Phone: 616.252.7009 ■ Fax: 616.252.0120

For Nursing Job Shadows, please submit application to:  
University of Michigan Health-West  
Lisa Dewhurst-Walker, Nursing Administration  
PO Box 916  
Wyoming, MI 49509  
Email : [lisa.dewhurstwalker@umhwest.org](mailto:lisa.dewhurstwalker@umhwest.org)  
Phone: 616.252.5115

## Confidentiality Acknowledgment for Job Shadowing

This Confidentiality Acknowledgment (the "Acknowledgment") is entered into by the individual signing below ("Participant") in consideration of participating in a job shadowing/learning experience at University of Michigan Health-West ("UMHW").

1. *Purpose of Acknowledgment:* The purpose of this Acknowledgment is to protect UMHW's confidential information during Participant's Job Shadowing/Learning experience. The Participant agrees to maintain the confidentiality of any and all information obtained or disclosed during their presence at UMHW.
2. *Confidential Information:* Confidential information includes but is not limited to patient records, medical history, test results, treatment plans, diagnoses, proprietary information, trade secrets, financial information, business operations, strategies, policies, procedures, and any other information disclosed to or observed by the Participant during their Job Shadowing/Learning experience.
3. *Obligations of the Participant:*
  - a. Non-Disclosure: The Participant agrees not to disclose, directly or indirectly, any confidential information to any third party without the prior written consent of UMHW. This obligation continues even after the termination of the Job Shadowing program or the Acknowledgment.
  - b. Use of Confidential Information: The Participant agrees not to use any confidential information obtained or observed during the Job Shadowing/Learning experience for personal gain or any other purpose other than the intended educational and observational purposes.
  - c. Duty of Care: The Participant shall exercise reasonable care to protect the confidentiality and security of the confidential information.
4. *Return of Materials:* Upon the completion of the Job Shadowing/Learning experience or at the request of UMHW, the Participant agrees to return all materials, documents, notes, or any other tangible or electronic form of confidential information obtained during their presence at UMHW.

ACKNOWLEDGED AND AGREED TO BY:

Participant:

---

Participant's Full Name

---

Participant's Signature

---

Date



## Job Shadow Health Screening

COMPLETE and RETURN form prior to the job shadow experience.

Job Shadow Participant (printed name): \_\_\_\_\_

University of Michigan Health-West Shadowing Location: \_\_\_\_\_

HEALTH RELATED REQUIREMENTS	Vaccination Dates	Test Dates & Results (TB test, lab titers, chest x-ray with history of positive TB test)	Other (Details, history or exempt due to date of birth)
<b>TB Screening</b> <input type="checkbox"/> Proof of a negative TB test <u>within the past year</u> OR <u>If you have not a TB test within the past year</u> , complete the following:	Not Applicable		
Please check YES or NO to the following questions. Give details in "Other" column for any "Yes" answers. <b>Anyone who currently is symptomatic ("Yes" answers to items A-F) may not job shadow until symptom free and cleared by their physician.</b>			
<b>In the <u>past year</u>, have you had:</b>  A. Unaccountable weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No B. Onset of chronic cough <input type="checkbox"/> Yes <input type="checkbox"/> No C. Coughing up of blood <input type="checkbox"/> Yes <input type="checkbox"/> No D. Chest pain on breathing <input type="checkbox"/> Yes <input type="checkbox"/> No E. Night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No F. Unaccountable fever <input type="checkbox"/> Yes <input type="checkbox"/> No G. A chest x-ray <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, detail when and why you had the x-ray in "Other" column.			
<b>Rubeola and Rubella</b> ( <i>If born in or after 1957</i> ) <input type="checkbox"/> 2 MMRs on or after first birthday (documentation of specific dates required), <b>OR</b> <input type="checkbox"/> Lab titer showing immunity to Rubeola and Rubella	Enter the two vaccine dates here	Enter the lab titer date & results here	
<b>Chicken Pox (Varicella)</b> <input type="checkbox"/> History of having had the disease, OR <input type="checkbox"/> Lab titer showing immunity, OR <input type="checkbox"/> Documentation of 2 VARIVAX® vaccinations	Enter the two vaccine dates here	Enter the lab titer date & results here	Enter the date you had chicken pox here
<b>Influenza Vaccine</b> – You must provide proof of having received this season’s influenza vaccine for job shadows to be scheduled between October 1 – April 15	Enter the vaccine date here <b>and</b> send documentation	Not Applicable	Not Applicable

I verify that the information provided is accurate and hard copy documentation of items listed are on file and available upon request.

**Signature & title of person completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Anyone who is not immune to Chickenpox, Rubeola or Rubella may not job shadow in a clinical area. Anyone who is symptomatic for TB or any respiratory virus may not job shadow in any area of the hospital.**

## Job Shadowing at University of Michigan Health-West

Job shadowing is a one-day (3-6 hours) informal observation of a healthcare role. These experiences introduce students and learners to specific healthcare careers through the supervised observations of a healthcare provider. The goal is to assist the observer with making a healthcare career choice.

Requests are considered on an individual basis and may take up to 6-8 weeks to schedule. UM Health-West is not able to honor all requests. Approval of the request is at the discretion of the office or department manager(s), with consideration of the unit's staffing resources, the nature of the patient population and the procedures performed.

### The observation experience is appropriate for:

- Individuals at least 18 years of age who are exploring healthcare careers
- High school students enrolled with a school participating under an affiliation agreement with UM Health-West: Allegan Technical & Education Center, Kent Career Tech Center, Kent Intermediate School District, and Ottawa Area ISD Careerline Tech Center
- College students who are required to complete a job shadowing experience as part of their academic program

### The job shadow program through Nursing and Volunteer Services is not:

- An opportunity to actively participate in patient care or practice clinical skills
- A formal educational experience (student practicum or internship)
- Part of the interview process of a potential employee (please connect with our Talent Acquisition Team)
- Intended for international providers or professionals working toward US licensure
- An opportunity for medical students, unless it's part of their approved training

### Job Shadowing Requirements:

For patient, staff and observer's safety; the observer will meet UM Health-West's minimum work requirements at the observer's (or school's) expense. Must be in good health and immunizations/boosters must be up to date. Completion of the Health Screening Form is required. Required Immunizations: MMR – Measles, Mumps, Rubella | Varicella (Chicken Pox) | TB Test | Influenza Vaccine (Required October 1 through April 15 – approximate flu season dates)

### Dress Code:

Please adhere to the following dress code, unless otherwise directed:

- Comfortable closed-toe shoes
- Uniform or shirt (no slogans) with slacks or skirt
- No fragrance

### Confidentiality:

Please read and sign the attached confidentiality agreement.

### Infection Prevention:

Proper hand hygiene helps prevent the spread of infections from one person to another. Hand hygiene products, which contain a special antibacterial agent, are available in the restrooms, work areas and cafeteria.

### Hazardous Materials:

Potentially hazardous chemicals and materials are used in certain areas as part of the daily operation of a department. Safety Data Sheets (SDS) which describe the hazard and handling instructions for all chemical products are available online and by fax.