

To be eligible for Job Shadowing, you must be 16 years old or older and you will be required to submit the following:

- Government Issued ID or School ID
- Proof of MMR immunization (2 doses) or titer
- Proof of varicella vaccination (2 doses), documented proof of chickenpox disease or titer
- Proof of TB test with negative result given within the last 12 months must be a twostep TB skin test, QuantiFERON gold, or a T-Spot lab test
- Proof of seasonal flu vaccination (required for observations taking place between Sept. 1 and March 31)

Name	
Address	
City, State, Zip	
Phone	
Email	
Are you 18 years old	or older? Date of Birth
** Parent/Guardian p	ermission is required for students younger than age 18
PERSON TO NOTIF	Y IN CASE OF EMERGENCY
Name	
Address	
City, State, Zip	
Phone	
Relationship:	

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FAIRFIELD APPLICATION FOR JOB SHADOWING

Educational Institution:	_			
Educational Institution Address:	,			
Educational Institution Contact/Phone	:			
What department or individual would you like to shadow? (Ex: Acute Care, Emergency Department, Radiology, Laboratory, Clinic, etc)				
Please describe your learning objective	e and plans for applying the knowledge you may obtain.			
Please provide the dates/times for which you are requesting to shadow. <i>Please allow a minimum of 2 weeks before your job shadowing request.</i>				
For HR Department Use Only				
Job Shadowing Request: Date Applicant Notified: Dept./Staff Member to Shadow: Dates of Job Shadowing: Job Shadowing Orientation:	Approved Denied			

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JOB SHADOWING GUIDELINES

Job shadowing can provide experiences that are as unique as every person who participates. Reaching any career goal takes personal commitment. Every plan for tomorrow requires action today. Even if you have no idea what career is right for you, it is possible to begin preparing for the world of work.

Job shadowing is an observation experience that provides an opportunity for participants to learn about healthcare careers, everyday routines of healthcare workers and the skills required. The participant will have an opportunity to observe and interact with a healthcare worker as they go about their daily activities. Hands-on patient care isn't part of the job shadow experience and will not be permitted. The purpose of the job shadow experience is to foster an awareness of the skills required for a specific career and to experience healthcare culture.

Guidelines for Participants

- Participants must be 16 years or older.
- Participants can be High School Students, College Students, Employees, Volunteers, or Individuals interested in a second career.
- Participants must submit the required immunization and TB records.
- Participants must sign a confidentiality statement agreeing not to discuss patient information outside of Fairfield Memorial Hospital.
- Participants must complete Orientation of Roles and Responsibilities of the Student and Infection Prevention.
- Participants must conduct themselves in a respectful manner.

Attire

Dress in a professional manner when completing a Job Shadow experience. Business causal attire is appropriate.

- Clothing must be clean and fit properly. Upper and lower torso must be covered, no skin should show when arms are raised above your head or when you bend over. Cleavage should not be visible.
- Socks or hose must be worn with closed-toed shoes, which must be clean.
- Facial piercings are not permitted to be visible.
- Only natural shades of hair color are permitted. Colors such as purple, pink, green, blue, yellow, etc are not allowed.
- **Do not** wear the following: denim jeans, tee shirts, cut-offs, low-cut tops, hooded sweatshirts, open-toed shoes, tank tops, half-shirts, shorts, hats, or baseball caps. Jewelry should be kept to a minimum. Perfume or cologne should not be worn in patient care areas.

Fairfield Memorial Hospital reserves the right to refuse or send home anyone who does not uphold these standards.

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PATIENT PRIVACY AND CONFIDENTIALITY

At Fairfield Memorial Hospital, our patients and their families are at the center of all that we do. We recognize that our actions and behaviors impact our patients, so we strive to provide excellence in every patient interaction. All positions within FMH adhere to this philosophy.

- Patients and Families are the center of all that we do. They are the only reason we are here and why you are able to have this experience.
- You will have the opportunity to interact with patients, families, and many staff members.
- Your facial expressions, speech, the way you interact, and how you present yourself all have an effect on the Patient's Experience, whether you know it or not.
- Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Student Confidentiality Statement. This statement is part of the Job Shadowing application and must be reviewed and signed.
- A patient may want to protect their privacy by declining a request to have you shadow. It is the patient's right to do so. In this case, you will politely excuse yourself and wait where the preceptor asks you to while care is provided to the patient.

HIPPAA – What you need to know:

- HIPAA is a federal privacy law that the hospital staff follows to keep a patient's medical
 information confidential. It affects each staff member at the hospital as well as the
 volunteers and visitors.
- HIPAA stands for Health Insurance Portability and Accountability Act and it became law in August 1996.
- While you are here shadowing, these regulations apply to you too.

What you need to understand:

- This means the staff at the hospital has a legal duty to protect a patient's privacy.
- It is a patient's right to be treated confidentially in a hospital.
- It is also very important that a patient knows that their privacy is protected.
 - If a patient feels that they cannot trust us with their information, they may withhold important information for fear of it getting exposed.
 - If a patient withholds this information, a doctor will not have all the information he
 or she may need to correctly diagnose the patient.
- DO NOT discuss patient information with anyone.

This is a policy that applies to everyone.

- Everyone who works at the hospital or clinic knows the importance of the confidentiality of patients. Even the staff who do not regularly interact with patients understand that if they do obtain information for whatever reason, it is to be kept confidential.
- It is sometimes difficult to understand that you may learn information that you cannot even tell your mom, dad, or best friend about. But it is extremely important that you understand and comply with these policies in order to be a part of the Job Shadowing program.

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CONSENT TO PARTICIPATE

I, the undersigned, for and in consideration of the benefit to be derived by the participation of the career observations, do hereby release and forever discharge Fairfield Memorial Hospital, it's agents, servants, representatives and staff from and against any and all liability and responsibility for any injury, illness or sickness which may result from the participation in the career observation, and do hereby further agree to indemnify and hold harmless Fairfield Memorial Hospital, it's agents, servants, representatives and staff, from any and all liability in such regard.

I acknowledge that Fairfield Memorial Hospital has granted me permission to observe certain aspects of healthcare at one or more of its facilities. I hereby acknowledge that in so observing, I am merely a bystander with no responsibilities for caregiving, and that my status at the facility is that of a non-participant in the delivery of health care services.

Parent signature is required if participant is under the age of 18 years old.

HIPAA and CONFIDENTIALITY STATEMENT

- 1. (HIPAA) Health Insurance Portability and Accountability Act The HIPAA Privacy Rule ensures privacy and confidentiality of patient information by limiting the ways health plans, pharmacies, hospitals, and other covered entities can use a patient's protected health information. These regulations protect medical records and other individually identifiable health information, whether it's on paper, in computers or communicated orally. HIPAA gives patients control over their health information because it established a list of rights afforded to them in relation to their protected health information. You may not access your own patient information or that of friends or relatives. You may not share information you learn as a result of this career observation with others (ie. church members, family, friends, or the media) who are not part of the patient's care. Treat patient information as you would want your own information treated.
- 2. Confidentiality and Security I understand that information concerning patients, their illness or their families is confidential. I preserve this right to confidentiality by not discussing this information in public settings or with individuals not required to have access to this information based upon law and job functions. I understand that I do not have the right to access my own or family members' medical information.

I understand that Fairfield Memorial Hospital is not held responsible for any accident or injury that may occur on its premises while shadowing. In addition, I am to leave valuables at home and realize it is my responsibility that these items are secured prior to shadowing.

Participant's Signature	Date	
Parent/Guardian Signature	Date	

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