

## Denver Health Observer Agreement

I, \_\_\_\_\_ have requested a Job Shadow experience at Denver Health.

I am aware of the risks involved with an observational experience at Denver Health. I understand that any costs I incur as a result of this experience will be my responsibility.

I confirm that I have current immunizations for:

- Rubella
- Measles
- PPD within the last year or negative chest x-ray
- Seasonal influenza (if job shadow is between October and March)

I understand I must bring in my immunization records, as well as proof of my current PPD, before my job shadow date.

I have read and understand the Expectations of an Observer. I agree to comply with all Denver Health policies and procedures and all Denver Health employee instructions during my shadow experience.

My signature indicates that I have read and understand this form, have all necessary immunizations, and that I release Denver Health from all liability claims for any loss or injury arising from this experience and/or any negligent or wrongful acts or omissions of the employees or agents of Denver Health. **I understand that I cannot provide any direct patient care.**

\_\_\_\_\_  
**Observer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**If under 18: Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

### **Denver Health Employee Responsibility:**

- I will guide this individual through an observation experience related to the work I do.
- I will respect my patient's/family's wishes regarding privacy and exclusions from being observed.
- I will inform the observer of all customary precautions, including applicable policies and procedures, which apply to this experience.
- **I will assure that the observer does not provide any direct patient care, does not touch the patient, and does not manipulate any equipment used in patient care.**

\_\_\_\_\_  
**Denver Health Employee**

\_\_\_\_\_  
**Date**