



Form A

Request to Observe Patient Care and/or Administrative Shadow Participation Form

Observer/Shadow Candidate Information:

Full Name:

Age:

Date of Birth:

Occupation or Field of Study:

Name and Title of current institution, school, employer, or sponsor:

Type of Observer:

Patient Care Observer/Shadow

Non-Patient Care Observer/Administrative/Business Unit-Employee Shadow

Location/Business Unit to Observe/Shadow (*Select all that apply; *Requires additional approvals*):

HCDPBC – District Administration / Home Office

Health Care District Lakeside Medical Center

Health Care District Skilled Nursing Facility

Health Care District Community Health Centers / Mobile Clinic Units

Health Care District Pharmacy

Health Care District Ground Transportation*

Health Care District Trauma Hawk *

Health Care District School Health*

Sub-Location/Department to Observe/Shadow (*List specific location(s)*):

Requested Length of Observation (# of Days; *Note: Total not to exceed 30 days at a time for approval*):

Observe Dates:

Start Date:

End Date:

Additional Details:

Reason for Observation/Shadow Request:

- Visiting Health Care Provider (specify if out of state or country)
- Related Party/Entity/Community (District Administration approval required)
- Career interest (e.g., Healthcare) or Future Educational interest
- Required Course Work (Describe Below)
- Other

In your own words, please describe why you wish to be a shadow/observer at the Health Career District of Palm Beach County:

Observer/Shadow Completion of Requirements *(check all that have been completed):*

- [Compliance and Privacy Training](#)
- [Education on Importance of Vaccinations and Masking Training](#) and [Quiz](#)
- [Standards of Conduct](#)
- [Signed Confidentiality & Data Security Agreement](#)
- [Media Release Authorization Form](#)

Other required screening/tests (where applicable):

*Vaccinations (check all that you have received):

FLU*	COVID	TB/PPD	HEPB	MMR	TDAP	VAR
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Do you have a Sponsoring Clinician/Business Unit Leader?

Yes No

Sponsoring Individual:

Name: _____ Best Contact Only: _____

Supervising Individual/Department:

Name: _____ Title: _____

Business Unit/Facility: _____ Department _____

Supervisor _____ E-mail/Phone Number _____

Observer/Shadow Participant and Sponsoring/Supervising Personnel understand and agree:

- Observer/Shadow must be at least 18 years of age.
- Observer/Shadow requires additional approval and clearance for select business units (Aeromedical/TraumaHawk, Ground Ambulance/ GTS, School Health). No admittance to these areas is permitted under any circumstance without expressed approval.
- Observer/Shadow may not provide direct or indirect patient care and must be accompanied/directly supervised by Supervising/ Sponsoring personnel at all times. Patient consent (verbal or written) must first be obtained from the Supervising personnel prior to involvement with any patient (including patient information). If a patient does not consent, the Observer/Shadow may not have any involvement. Supervising personnel shall be cautious in exposing Observer/Shadow to patients with super confidential conditions and situations. Further, Observers/Shadows may not participate or be exposed to certain situations or patient conditions outlined in Policy (e.g., patients in isolation or with highly communicable diseases, contamination, or exposure to hazardous situations).
- The Sponsoring/Supervising personnel assumes full responsibility for the actions of the Observer/Shadow and agrees to ensure that they complies with all applicable HCD policies and procedures and the Standards of Conduct while at HCD, including proper behavior.
- Observers/Shadow participants must adhere to HCD policies and ensure they are adhering to proper dress code, display a badge that clearly identifies them as a non-employee and not in patient care.
- Observer/Shadow may not have access to, copy, or document in the patient medical record. Observer/Shadow is prohibited from photography, videography, or use of/posting to social media while in the facility or on premises or after their observer shop has ended.
- *Observer/Shadow must be free from illness during visit. Masks are able to be/required to be worn in certain areas. Masks are available in all clinical facilities. Information on vaccines commonly required of healthcare staff are referenced in this document. Proof of such vaccinations are not being requested nor are they required to participate as a observer/Shadow. Observers/Shadow participants have been provided education on the importance of the FLU shot and vaccinations. *Observer/Shadow are requested to inform the District if they have been vaccinated for the FLU in the applicable year that they are shadowing.
- Observer/Shadow understands that being in a healthcare facility they may be exposed to communicable disease(s). Precautions shall be taken, and observer/Shadow will have access to PPE when in a clinical facility. The District is not liable for any such exposures.

Observer/Shadow Signature:

Date Signed:

Signature of Supervising Individual:

Date Signed:

Approved By:

Compliance approval:

Business Unit Leader approval:

Human Resources approval:

Human Resources Checklist (Access Requirements):

Obtain Picture ID

Issue Observer/Shadowing "Badge"

Notify Security/Business Unit

Other