Post-Secondary Job Shadow Application

This opportunity allows post-secondary students to learn about health professions. The Emergency Department and Surgical Services are excluded from the Job Shadow experience. Students must be enrolled in a post-secondary educational institution to participate.

PERSONAL INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

_____

SCHOOL INFORMATIOIN

School Currently Enrolled In: _____

Major/Program: _____

Practice Setting Desired (Emergency and Surgery Departments excluded): _____

_____

Preferred Times:

☐ Morning ☐ Afternoon ☐ Evening

Number of Hours Desired (no more than 8 hours unless previously arranged): _____

_____ _____

Signature Date

Post-Secondary Job Shadow Health Record

Fill in the following information. Please print.

Name: _____ **Cell Phone Number:** _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

PERSONAL HEALTH HISTORY

List any allergies: _____

_____

Have you had the following?		
Frequent cough	◯ Yes	◯ No
Night sweats	◯ Yes	◯ No
Coughing up blood	◯ Yes	◯ No
Unexplained weight loss	◯ Yes	◯ No
Unexplained fever, chills	◯ Yes	◯ No
Chicken pox	◯ Yes	◯ No

Please attach a copy of your immunization records from your physician office of state database, such as the Wisconsin Immunization Registration (http://www.dhs.wisconsin.gov/immunization/publicaccess.htm). If you will be at BRMH during the month of October through March, you will need a record of a recent influenza vaccination included in your immunization record.

I certify the health history requirements are true and complete.

_____ _____

Signature Date

Post-Secondary Job Shadow Orientation Response Sheet

Participant Name: _____

Date: _____ Department: _____

Name of School (Students only): _____

Describe one way you will be able to contribute to the mission, vision and values of BRMH.

_____

_____

TRUE/FALSE QUESTIONS

◯ True	◯ False	1. The single most important measure for preventing the spread of infection is proper hand hygiene.
◯ True	◯ False	2. Hands do not need to be washed before and after using gloves.
◯ True	◯ False	3. Hazardous Waste refers to all wastes.
◯ True	◯ False	4. Maintaining the confidentiality, privacy and security of patients' Protected Health Information (PHI) is not only a matter of organizational policies and procedures, but a right assured by federal HIPAA legislation and state laws.
◯ True	◯ False	5. BRMH follows a no retaliation policy in regards to reporting harassment.
◯ True	◯ False	6. Safety Data Sheets (SDS) are located online by clicking on the SDS link located on the right side of the iAccess homepage.
◯ True	◯ False	7. Breaching patient confidentiality may be grounds for disciplinary actions up to and including discharge.

FIRE SAFETY

The **RACE** for fire safety stands for:

R = _____

A = _____

C = _____

E = _____

FIRE EXTINGUISHER

The **PASS** acronym stands for:

P = _____

A = _____

S = _____

S = _____

Three of the Six Core Values recognized by BRMH include:

1. _____
2. _____
3. _____

I have read the required orientation information as well as completing the Alternative Orientation Response Sheet. My signature below indicates my understanding of the core processes of BRMH as outlined in the handbook. My signature additionally validates my intention to comply with the stated elements. If I have questions regarding any information, I am to contact a staff member.

I acknowledge receiving information on the policies and procedures related to confidentiality and the security of protected health information required by the federal HIPAA Security rule. I understand that my use or disclosure of PHI is limited to the extent that the information is necessary to perform my assigned tasks and that unauthorized use or disclosure may result in termination of my time at BRMH.

Date: _____ Name (Printed): _____

Signature: _____

Reviewed by: _____