

UConn HEALTH

Job Shadowing Release

I acknowledge that UConn Health and the various instruments, devices, equipment, furnishing, pharmaceuticals, chemicals as well as blood and body fluids may present hazards, including but not limited to: exposure ranging from blood, body fluids and other potentially infectious materials, radioactivity, fire explosion, slip and fall, crush injury, electric shock, and machinery malfunction.

I agree that my presence in the _____ unit at UConn Health is at my own risk, and I agree to indemnify and hold harmless the State of Connecticut, UConn Health and its/their officers, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of any injury I may cause to third parties or personally sustain during, or as a consequence of, my presence at UConn Health.

I acknowledge that as an observer I will maintain an observational status. Specifically I will have no direct "hands-on" contact with patients, chemical substances, blood and/or body fluid, or radioactive material or radiation producing equipment or machinery and equipment that may cause physical harm if used inappropriately.

I acknowledge that I am current with immunizations and am in good health and free of any communicable disease (i.e. two measles and mumps immunizations, MMR, if born on or after January 1, 1957 – one vaccine after 1980; current immunization for rubella or an immune laboratory titer; a TB Skin Test, PPD, not more than one year old, or documentation of treatment and resolution of active or latent TB or documentation of a negative chest x-ray after a positive PPD; current varicella titer or verbal history of varicella/chickenpox; completion of a Hepatitis B vaccination series; adult Tdap; and up to date influenza immunization.)

I have signed the attached UConn Health confidentiality agreement.

I agree to abide by the rules given to me by UConn Health staff.

Job Shadower's Signature: _____

Date of UConn Health Job Shadowing Experience: _____

UConn Health Host Signature: _____

UConn Health Host Title: _____

Please note: The hosting department will maintain this individual's record for a minimum of 5 years from date of termination, in accordance with the state of Connecticut's record retention policy.

Revised: 10/19