



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 acknowledge that I have documentation of full vaccination with a COVID-19 vaccine that has either been authorized for use in the United States by the Food and Drug Administration (FDA) or been authorized for use outside of the United States by the World Health Organization (WHO). Individuals are considered fully vaccinated 1) two weeks after their second dose in a 2-dose series (such as the Pfizer or Moderna vaccines); 2) two weeks after a single-dose vaccine (such as Johnson & Johnson’s Janssen vaccine); or 3) has received World Health Organization (WHO) approved vaccination in accordance with manufacturer’s instructions.

I have signed the attached UConn Health confidentiality agreement.

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

UConn Health Job Shadowing Experience Date: _____	
Participant Name: _____	Participant Signature: _____
UConn Health Host: _____	UConn Health Host Title: _____
UConn Health Department: _____	UConn Health Host Signature: _____

Please note: The host department must maintain this record for a minimum of 5 years from date of termination, in accordance with state of Connecticut’s record retention policy.

Participants under 18 are not permitted to shadow. For answers to commonly asked questions, please review [Policy #2002-52](#).