UNC HEALTH Johnston

Request Form Revised 03-28-2024

Shadow Request Form

EMAIL _____

PHONE _____

SCHOOL _____

This form MUST be completed in full.
This request, if granted, is ONLY valid for the date(s) listed.

I. Requesting Individual to Complete:

I, _____ hereby request to shadow at UNC Health Johnston
(Printed Name)

on _____ in the _____ Department(s)
Date(s) – up to 36 hours if 18 years or older / up to 8 hours if under 18 years old

to observe the following position(s): _____.

Reason for shadow request: _____.

☐ I have read and agree to abide by the ***Shadow Experience UNC Health Johnston*** policy.

☐ If exposed to any confidential patient information, I understand all patient information is protected by current HIPAA privacy laws. There are legal penalties for inappropriate disclosure.

☐ Attached copy of photo identification ☐ Signed ***Release and Waiver*** form (page 2)

Requestor's Signature: _____ Date: _____

Parent or guardian signature for Observer if less than 18 years old _____

IMMUNIZATION	RESULTS	DATE(s)	NOTES
Tuberculosis Screening	Productive cough (3+ weeks) __Yes __No Persistent low grade fever __Yes __No Loss of Appetite __Yes __No Shortness of breath __Yes __No Unexplained weight loss __Yes __No Night Sweats __Yes __No Coughing up blood __Yes __No Chest Pain __Yes __No		Please answer each item.
Hepatitis B vaccine / titer / signed declination			Note number of doses
Measles, Mumps, Rubella (MMR)			Two (2) doses or positive titer
Varicella (Chicken Pox)			Two (2) doses, positive titer, or verified disease
Pertussis (Whooping Cough) Tdap			Adult dose
Annual Influenza Immunization			Required Nov 1st to March 31st
SIGNATURE / TITLE Medical Provider or copy of electronic immunization record			**DATE**

NOTE: Only <u>medical</u> exemptions are allowed for Shadow Observers.

II. Education Department Secretary to Complete: Date Request COMPLETE: _____

Department(s) assigned to: _____

Position(s) to Shadow: _____

Assigned Preceptor: _____

Scheduled shadowing date(s): _____ Reporting Time: _____

Education Department Secretary Signature: _____ Date: _____

UNC HEALTH Johnston

RELEASE AND WAIVER – Shadow Observers

I, _____, wish to observe the activities of the providers and staff of Johnston Health Services Corporation, d/b/a UNC Health Johnston ("UNC Health Johnston"), onsite at UNC Health Johnston's facilities, in furtherance of my personal development and goals. In consideration of UNC Health Johnston permitting me to engage in a shadow or observer experience (the "Experience"), I acknowledge and agree to all of the following:

1. I understand that I will not be allowed to perform any clinical activities or other clinical work, including having physical contact with a patient, documenting in the medical record, and advising other care providers or patients. I further understand and agree that I will not be permitted in any patient care area without my supervisor's presence.

2. I agree to comply with all UNC Health Johnston and UNC Health policies and procedures applicable to my participation in the Experience. I agree that I will not take photographs, video recordings, or audio recordings during the Experience, nor will I share, disclose, use, or publish (including but not limited to via social media) any information about any patient or staff member of UNC Health Johnston.

3. I understand that during the course of the Experience there is a possibility that I could be exposed to certain risks of bodily injury or illness, including but not limited to risks associated with exposure to blood-borne pathogens, biological waste, and dangerous chemicals. I am fully aware of and voluntarily assume these risks.

4. I understand that if, during or as a result of the Experience, I require medical attention, I will be responsible for the costs of obtaining such services. UNC Health Johnston will not pay for the costs of any medical care provided to me in connection with the Experience.

5. On behalf of myself, my executors, administrators, heirs, beneficiaries, next of kin, successors and assigns, or anyone else who may attempt to sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE UNC Health Johnston, and its officers, directors, agents, employees, volunteers, and affiliates from any and all claims, causes of action, damages, losses, and liabilities of every kind for death or personal injury which may arise out of, result from, or relate to my participation in the Experience, including but not limited to any claims for medical or hospital expenses.

6. I FURTHER COVENANT and AGREE NOT TO SUE UNC Health Johnston, or its officers, directors, agents, employees, volunteers, or affiliates, for any of the claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS UNC Health Johnston and its officers, directors, agents, employees, volunteers, and affiliates, from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, resulting from my breach or failure to abide by any part of this Release and Waiver.

7. If any provision of this Release and Waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Release and Waiver and shall not affect the validity and enforceability of any remaining provisions.

I acknowledge that I have read and agree to the foregoing.

Signature: _____ Date: _____

If I am under the age of 18, my parent or legal guardian must also sign below:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

UNC HEALTH Johnston

10-07-2023

Dress Code Guidelines

1. Proper grooming and personal hygiene is essential part of providing high-quality service to our customers.
2. **Closed-toed shoes** are required to be worn at all times in any clinical/patient care area.
3. **Artificial nails** of any kind are not permitted if providing patient care, including glue-on, overlay, gel, or acrylic, etc.
4. Clothing should always be clean, neat, pressed, in good condition and professional looking, and free from stains, fading, and odor. Extremely wrinkled or torn clothing is not acceptable. Clothing should not be too tight, body-conforming.
5. Visible tattoos must be in good taste, not depicting logos, slogans, nudity, or violence.
6. Excessive body piercing, such as eyebrow, lip, and tongue rings/studs, is not professionally appropriate and is not to be worn.
7. Nose piercings of no more than 1/16" in diameter are permitted.
8. Ear piercings may not exceed more than three (3) per ear.
9. Only stud earrings are to be worn.
10. Torso body piercings with visible jewelry that can be seen through or under clothing are prohibited.
11. Jewelry must be a reasonable shape and size, appropriate to the work setting, and may not interfere with patient care.
12. The use of earphones, headphones, or cellphones is not permitted.
13. The following is a list of examples of attire that is considered non-professional and inappropriate in the workplace at UNC Health Johnston:

    a. Backless dresses or tops
    b. Spaghetti strap or sleeveless blouses, unless worn with a jacket
    c. Excessively tight, sheer, or revealing clothing with low cut necklines, bare midriff tops, and clothing bearing any type of offensive messages images
    d. T-shirts, sweatshirts
    e. Athletic wear (such as sweat pants, stretch pants/warm up pants, and tights or leggings worn as pants)
    f. Blue jeans
    g. Shorts, cut-offs, Capri pants, or slacks more than 6 inches above the ankle
    h. Hats unless a part of an approved uniform