Black River MEMORIAL HOSPITAL

JOB SHADOW APPLICATION

This opportunity allows students to observe a department or individual for several hours with the intention of educating them on the roles and responsibilities of the position. The Emergency Department and Surgical Services are excluded from the Job Shadow experience**.**

TASKS TO COMPLETE:

1. Answer all questions on this Job Shadow Application
2. Return all completed forms to the Organizational Development Department by email to:

   organizationaldevelopment@brmh.net

   Printed copies are also acceptable. These can be mailed to:

   Organizational Development
   Black River Memorial Hospital
   711 West Adams Street
   Black River Falls, WI 54615

PERSONAL INFORMATION

Name: _____

Phone: _____ Email: _____

Address: _____
Street City State Zip

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

SCHOOL INFORMATION

School Name: _____

Major/Program (if applicable) : _____

JOB SHADOW PREFERENCES

Practice Setting Desired (Emergency and Surgical Services excluded) : _____

_____

Preferred Time of Day: ☐ Morning ☐ Afternoon ☐ Evening

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

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PERSONAL HEALTH HISTORY

Name: _____

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 (www.dhs.wisconsin.gov/immunization/publicaccess.htm). If you will be at BRMH between the months of October and March, you will need a record of a recent influenza vaccination included in your immunization record. All job shadows must provide documentation of full COVID-19 vaccination status.

I certify the health history information provided is true and complete.

_____ _____

Signature Date

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ORIENTATION RESPONSE SHEET

Name: _____ Date: _____

Name of School: _____

TRUE/FALSE QUESTIONS:

1. ☐ T ☐ F The single most important measure for preventing the spread of infection is proper hand hygiene.
2. ☐ T ☐ F Hands do not need to be washed before and after using gloves.
3. ☐ T ☐ F 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.
4. ☐ T ☐ F BRMH follows a no retaliation policy in regards to reporting harassment.
5. ☐ T ☐ F Safety Data Sheets (SDS) are located online by clicking on the "Quick Links" tab on B-Net.
6. ☐ T ☐ F Breaching patient confidentiality may be grounds for legal actions.

FIRE SAFETY:

What does the word **RACE** stand for?

R = _____

A = _____

C = _____

E = _____

What does the acronym **PASS** stand for?

P = _____

A = _____

S = _____

S = _____

CORE VALUES:

List three of the five core values recognized by BRMH:

1. _____
2. _____
3. _____

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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 outline 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 the 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.

Name (Printed)

Signature

Date

Reviewed by

Date