

Welcome to *Duncan Regional Hospital*

Job Shadow Program



Instructions & Timeline for Job Shadow Process

Step 1:

Complete the Job Shadow Application form. Copies can be found at the Human Resources (HR) and Education Office or printed from DuncanRegional.Com.

Step 2:

Bring the completed Job Shadow Application and a copy of your immunization record to Human Resource office on Tuesday or Wednesday between 8:00AM and 4:30PM. PPD skin testing will be provided by DRH if needed.

Step 3:

On Friday, you will attend the Job Shadow Orientation in Education department at 1:00PM. Education and scheduling will be completed at this time.



Job Shadow Application

Duncan Regional Hospital Use	
Application Received:	_____
<input type="checkbox"/>	Application
<input type="checkbox"/>	Health Screening
<input type="checkbox"/>	Confidentiality Agreement
<input type="checkbox"/>	Attended Orientation
<input type="checkbox"/>	Scheduling Completed
<input type="checkbox"/>	Return Paperwork to HR
Date/Time Assigned:	_____
With Employee:	_____

Last Name: _____ First Name: _____ Middle Initial: _____
 Preferred Phone: _____ Date of Birth: _____ Male Female
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 In case of an emergency, contact: Name: _____ Relationship: _____
 Phone: _____

Name of School/Company: _____ Grade (if applicable) 11th 12th college/trade

Days available for job shadow experience: Mon Tues Wed Thurs Fri

Times available for job shadow experience: Morning Afternoon

Or, list specific dates and times you are available: _____

Job/Areas of Interest: 1st Choice: _____ 2nd Choice: _____

Why are you requesting this shadow experience? What do you expect to learn?

I have read and understand the information on the Information Sheet. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release Duncan Regional Hospital of all liability. I give the facility at which job shadow is being conducted permission to release my telephone number or contact instructions to the requested department. While I am job shadowing at any Duncan Regional Hospital site, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence. I will only observe patient care and the role of the healthcare provider.

Applicant Signature: _____ Date: _____

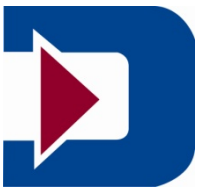
I have read and understand the information on the Information Sheet and authorize my son/daughter to participate in this job shadowing experience. Duncan Regional Hospital shall not be held responsible for adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this job shadowing experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release Duncan Regional Hospital of all liability. I give Duncan Regional Hospital permission to release my son/daughter telephone number or contact information to the requested department.

Parent Signature: _____ Date: _____

(if applicant is under the age of 18)

For All Job Shadows, please submit application to:

Duncan Regional Hospital
 Attn: Crystal Krey, Education Dept
 P.O. Box 2000
 Duncan, OK 73534
 Phone: 580-251-8894 * Fax: 580-251-8892



Job Shadow Health History

Name: _____

Last

First

Middle

Date: _____ Birth Date: _____

Do you now or have you ever had:	Yes	No	Do you now or have you ever had:	Yes	No
Latex allergies			Convulsions or Seizures		
Asthma			Hepatitis		
Diabetes			Heart Problems such as rhythm-disturbance or heart murmur		

Have you had a recent exposure to a communicable disease such as chicken pox, hepatitis, measles, rubella or TB?
Yes No If yes, please explain: _____

Please state any current health concerns: _____

I understand that it is my responsibility to provide Duncan Regional Hospital with my current immunizations such as Measles, Hepatitis B, Mumps, Rubella, Influenza, and Chicken Pox (Varicella).

I also understand a current Tuberculosis skin test (PPD) is required. I give consent to receive a PPD skin test and will return to the DRH Team Member Health Nurse in 48-72 hours for a reading of test results. I further understand that if I do not return for reading, the test is void and will have to be repeated.

Signature or Authorized signature of minor

Date