



Beaver Dam Community Hospital  
 707 S. University Avenue  
 Beaver Dam, WI 53916  
 (920) 887-7181

**INFORMATION FOR JOB SHADOWING – OBSERVATION ONLY**

Please read the following guidelines and supply the requested information. The form must be completed *prior* to your job shadow experience. Contact the Human Resources Department with any questions.

- Medical History:** Beaver Dam Community Hospitals, Inc., Beaver Dam, Wisconsin, is dedicated to the treatment of those who are sick or injured. There are certain requirements of all individuals entering the hospital for employment or educational purposes to ensure the quality of care as well as meeting regulatory requirements.

Your signature on this form indicates the following: freedom from communicable disease, including no presence of cough, fever, night sweats, active diarrhea, or draining wounds/sores.

- Confidentiality:** Our patients have the right to have their personal, medical, and social history kept confidential. This includes written, verbal, or computerized information. It is your obligation not to release *any* confidential information. While observing at BDCH, our preceptors reserve the right to deny you access to observe any case which they feel is of a sensitive nature.
- Safety:**
  - There are many chemicals used in hospitals, do not handle any chemicals.
  - Controlling the spread of infection or disease in hospitals is important for the health of everyone. You may not observe any activity that might increase your potential for exposure this includes but is not limited to observing patients who are currently on isolation precautions. *Hand washing is the best control of infection control; wash your hands thoroughly and frequently.*
- Dress & Shoes:** Business casual clothing will be permitted. Wear comfortable, soft soled shoes (tennis shoes are fine).
- Liability:** Student Job Shadows assume full liability for any and all injuries that may occur while performing any task, observation, or duty while participating in the Beaver Dam Community Hospital, Inc. Job Shadow Program.
- Have you been sick in the last 2 to 4 weeks? YES / NO  
 If YES, please explain: \_\_\_\_\_.
- Have you been near someone who has been sick in the last 2 to 4 weeks? YES / NO  
 If YES, please explain: \_\_\_\_\_.
- I am up-to-date with all of my immunization records (provide copy if available): YES / NO

I have read and understand the above material as presented to me. I understand that I am responsible for following all directives as given to me by my assigned hospital mentor.	
Name: (print)	Date:
Contact number:	Email:
Position or Department of Interest:	
If under 18, signature of parent/legal guardian:  Date:	Days Available: M T W TH F (please circle all that apply) Times Available for Job Shadow: _____

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Return this form to Human Resources: Fax (920) 887.4101 or Email to [recruitment@bdch.org](mailto:recruitment@bdch.org)**

**Once all forms are received we will coordinate your request and we will contact you.**

Thank you for you interest in job shadowing at BDCH

**EMPLOYEE HEALTH**  
**Immunization Record**

Name:

IMMUNIZATIONS			
	Date	Date	Date
<b>*Required*</b>			
*TDAP*			
*MMR 1*			
*MMR 2*			
<b>*One of Three Required Below*</b>			
Chicken Pox Vaccine (Varicella)			
Varicella Titer			
History of Chicken Pox (Date)			
<b>Not Required / Please list if you have them</b>			
Polio			
DPT			
DT			
Tetanus Toxoid			
Smallpox			
Hepatitis A Vaccine			
Hepatitis B Vaccine			
Hib			
Influenza			
HBsAb			
PPD / Mantoux			
TB Tine Test			