

# Orientation Requirements

## Student Observer (Job Shadow)

**Please Print:**

<b>Name:</b>	<b>Date:</b>
<b>School or Affiliation (if applicable):</b>	

<b>Topic</b>	<b>Read &amp; Initial</b>	<b>Documents to Submit ✓</b>
Observation Application		
Dress Code Policy		N/A
Washington State Emergency Code Sheet		N/A
Providence Code of Conduct		N/A
Observers in the Operating Room Policy		N/A
Drivers License (current) or Government Issued ID		N/A
Immunization Record		
Tuberculosis (TB) Testing		
Tuberculosis Questionnaire		
Flu Vaccination (most recent)		
COVID Vaccination(s)		
Health Insurance (if possible)		
Orientation Completion Record		

I have read and understand the contents of the information I have received. I understand that I am responsible for abiding by the Providence St Mary Medical Center policies in relation with this material and my experience. By my signature below, I acknowledge, I understand, I accept and I agree to comply with the information contained in the forms provided to me.

<b>Signature:</b>	<b>Date:</b>
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