



**Clinical Observation Experience Checklist -- SAHS**

**Graduate Medical Education  
Student Observation / Shadowing Application**

Observer/Shadower Name (Print): \_\_\_\_\_

Provider being Observed/Shadowed (Print Name): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Observation / Shadowing: \_\_\_\_\_

Clinic Manager/Department Supervisor Name (Print): \_\_\_\_\_

Dates of Observation / Shadowing: \_\_\_\_\_

**I. Observer / Shadower Requirements –**

- \_\_\_\_\_ Age requirement: 16 years old; 18 for OR, ED, ICU or other trauma-related area
- \_\_\_\_\_ Observers under 18, approval statement or letter signed by parents
- \_\_\_\_\_ Proof of negative TB test within the last 12 months
- \_\_\_\_\_ Confidentiality & Network Access Agreement – signed by observer & provider  
(*observer signs "USER" line, provider signs "EMPLOYER" line*)
- \_\_\_\_\_ Clinical Observation Mandatory Education – *signed by observer*
- \_\_\_\_\_ Current flu vaccine verification if observing between November 1<sup>st</sup> thru March 31<sup>st</sup>.
- \_\_\_\_\_ Full COVID vaccine verification
- \_\_\_\_\_ Approval statement or letter signed by school official (on school letterhead)
- \_\_\_\_\_ This application form *signed and dated* by provider above (for clinical shadowing)

**IMPORTANT: Please make sure your packet is complete before you submit.  
Incomplete packets will not be accepted.**

**Please note:** Observers can never touch – only watch. He/she/they must also wear an ID so that patients know the observer is not a Saint Al's employee and cannot assist. Driver's license or school ID in a sleeve on a lanyard is sufficient.