



ADDENDUM TO
UNIVERSITY OF ROCHESTER MEDICAL CENTER
STRONG MEMORIAL HOSPITAL
LETTER OF AGREEMENT
SHORT-TERM OBSERVATIONAL EXPERIENCES

I understand that in my role as a visiting fellow that I will have no patient contact or patient care.

Signature: _____ Date: _____

Print Name: _____ Company or School: _____

Date of Visit: _____ Location: _____

Observation Coordinator: _____ Date: _____