Attachment B

University of Rochester Medical Center

Strong Memorial Hospital

### Short Term Observational Experience Checklist

**(To be completed by the Sponsor)**

Observer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor verifying information:

|  |  |  |
| --- | --- | --- |
| **Y/N\*** | Required Items | Date |
|  | Letter of Agreement for Short-term Observational Experiences (Attachment A) signed by observer and by parent if the observer is a minor. |  |
|  | COVID-19 proof of vaccination (e.g., vaccination card, Excelsior Pass) – shadowing experience may start after fully vaccinated (i.e., 2 weeks after the second dose of a 2 dose vaccine or 2 weeks after a 1 dose vaccine).  |  |
|  | Annual Flu Vaccination is recommended from 10/1 – 4/1. If Flu restrictions are in place observers who do not have their flu vaccination will not be allowed to shadow. |  |
|  | Are you free from a health impairment which is of potential risk to patients or which may interfere with your ability to participate in the observation? \*\* |  |

\* Any response of no would make the individual not eligible to shadow with the exception of the annual flu vaccination when the date of the observation is outside of the 10/1-4/1 window.

**\*\***On each day of observation the sponsor will validate that the observer is free from illness and eligible to participate in the observation.