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Job Shadowing Application & Consent for Participation

PERSONAL INFORMATION

Name _____ Date of Birth _____
(Last) (First) (Middle)

Your current physical address _____
(Street) (City) (State) (Zip code)

Your current mailing address _____
(If different from above) (PO Box or street) (City) (State) (Zip code)

Telephone number _____ Cell phone _____ E-mail address _____
(Area code) (Number) (Area code) (Number)

How did you hear about our program? _____

Have you ever been an employee or a volunteer at Mammoth Hospital? Yes No
If yes, please explain _____

If you are a minor:

Name of Parent/Guardian: _____
Address of Parent/Guardian: _____
Emergency contact Telephone Number: _____

Do you speak, write, or understand any other languages? Yes No
Language(s): _____ Speak Write Understand

Are you currently enrolled in an academic program? If yes, please provide information about your current school or organization.

Academic and career goals: _____

Medical Experience: _____

Please identify areas or services that you find interesting and would like to explore:

- ER Surgery/Recovery Medical/Surgical Floor Radiology Laboratory Dietary Respiratory General Nursing
- Pediatrics Orthopedics Women's Health Family Medicine Internal Medicine Dentistry Physical Therapy

GENERAL

Have you ever committed a crime?

NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.

Yes No If yes, please describe circumstances: _____

Mammoth Hospital complies with all state and federal laws regarding discrimination on the basis of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, citizenship, age, marital status, physical or mental disability, or medical condition.

I hereby certify that the information contained on this application is true and complete. I hereby release the organization, and its employees for any claims or liability, physical injury, or mental anguish sustained by me as a result of my presence in the hospital, or clinical setting.

Signature/Date _____

Signature of Parent/Guardian/Date _____



Job Shadow Health Questionnaire

Please note that if you are pregnant or planning pregnancy please discuss the occupational risks peculiar to your job shadowing position (such as possible exposure to communicable diseases, exposure to cleaner/disinfectant fumes and lifting) with your physician.

The information on this health questionnaire is complete and accurate to the best of my knowledge. I understand information contained in this form is confidential. The information is needed by Infection Control/Employee Health to address health and safety concerns including communicable disease risk to others within the facility.

Signature: _____ Date: _____

The following recommendations were discussed with the shadow:

Reviewer signature: _____ Date _____

MAMMOTH HOSPITAL

CONFIDENTIALITY AGREEMENT

Patient and employee information from any source and in any form (such as paper, talking, computers) is confidential. I shall protect the privacy and confidentiality of patient and employee information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- ◆ PATIENTS AND/OR FAMILY MEMBERS
Such as patient records, conversations and financial information
- ◆ EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS
Such as salaries, employment records, disciplinary actions
- ◆ BUSINESS INFORMATION
Such as financial records, reports, memos, contracts, Mammoth Hospital computer programs, technology
- ◆ THIRD PARTIES
Such as vendor contracts, computer programs, technology
- ◆ OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW
Such as reports, presentations, survey results

I AGREE THAT:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedure (such as shredding confidential papers before throwing them away).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL KEEP my computer password secret and I will not share it with anyone.
5. I WILL NOT use anyone else's password to access any Mammoth Hospital system.
6. I AM RESPONSIBLE for any access using my password.
7. I WILL NOT share any confidential information even if I am no longer a Mammoth Hospital employee.
8. I KNOW that my access to confidential information may be audited.
9. I WILL tell my supervisor if I think someone knows or is using my password.
10. I KNOW that confidential information I learn on the job does not belong to me.
11. I KNOW that Mammoth Hospital may take away my access at any time.
12. I WILL protect the privacy of our patients and employees.
13. I WILL NOT make unauthorized copies of Mammoth Hospital's software.
14. I AM RESPONSIBLE for my use or misuse of confidential information.
15. I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.

Failure to comply with this agreement may result in the termination of my employment at Mammoth Hospital and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement:

Signature: _____

Date: _____

Witness: _____

Date: _____



Infection Control Orientation Job Shadow Program

- Infection Control in the hospital is of vital importance and concern. You are entering a facility where people come when they are ill and injured. Therefore you must protect yourself, and we must protect you.
- Handwashing is the single most effective method in preventing the spread of infection! Wash your hands frequently and well... before and after you come in contact with a patient, after you use the bathroom, before and after you handle food, after you cover a cough or sneeze, when they are soiled, and after you remove gloves.

Wash your hands for 15 seconds with soap and warm water.

- Practice good personal hygiene.
- Come to volunteer only if you are well and free of infection.
- Always assume that anyone's blood or body fluids are contagious.
- Think about what you are doing, anticipate an exposure. In other words, if you think you may be splashed or splattered with blood or body fluids – protect yourself. We provide protective gear in every patient care area – Goggles, masks, face shields, gowns, gloves, etc... Don't think about it after the fact!
- Be aware of signs around the hospital, they are there for a reason. Biohazard signs indicate that there is blood or body fluids in the container. Isolation signs posted on patients' doors warn you of potentially infectious conditions and special precautions.
- Eating is not allowed in patient care areas.
- Keep your eyes open and be alert for improperly disposed sharps – needles and sharps that are placed on counters, in bed linen, on the floor, etc...
- If you are exposed to someone's blood or body fluids, please notify the Department Manager or Supervisor immediately.