



Preclinical Observation Agreement
Ohio University College of Osteopathic Medicine (12/8/10)

If you are a health science student (premedical, nursing, community health, social work, health admin., etc.) or an Athletic Training student and would like to spend some time observing with a healthcare provider in a clinical setting, we invite you to consider a preclinical assignment.

Appropriate dress for preclinical observation is casual business dress (no jeans or sweats) and a short, white lab coat. You may call the Area Health Education Center at (740) 593-2292 to borrow a clinical coat and return it when you are finished with your experience.

Please complete the remainder of the form in order to be considered eligible for placement. After your completed form is received, we will contact you by phone or email to review your paperwork and schedule your assignments.

Immunization Documentation

Immunizations are required of health care workers to protect them from contracting infectious diseases while caring for patients, as well as to protect patients from contracting diseases from providers. Please submit documentation of the following immunizations signed by a licensed health care provider:

- Measles/Mumps Rubella (MMR) – 2 vaccines are required
- Hepatitis B – at least 2 vaccines are required
- Adult tetanus/diphtheria (Td or dT) within the past ten years (Tdap recommended)
- Tuberculosis skin test within the past year – a chest x-ray or treatment documentation is required if TB skin test is >15mm

Confidentiality Agreement/Professional Liability Coverage

I affirm that I will not divulge any patient information to any unauthorized person for any reason. Neither will I directly or indirectly use or allow the use of patient information for any purpose other than that directly associated with my officially assigned duties. I understand that all patient information including financial and electronic data is confidential. Furthermore, I will not, either by direct action or by counsel, discuss, recommend or suggest to any unauthorized person the nature or content of any patient information gained during a preclinical experience. Violation of confidentiality is cause for disciplinary action, including immediate dismissal. I understand that signing this document does not preclude me from reporting instances of breach of confidentiality. I understand that I do not carry professional liability insurance through Ohio University College of Osteopathic Medicine.

Signature _____
Date

Name

Local address

City _____ State _____ Zip _____

Telephone _____ Email _____

Race (optional): _____ DOB (required): _____ Gender: _____

Return form to: Kim McCunn, RN, Nurse Coordinator
Ohio University College of Osteopathic Medicine
060 Grosvenor Hall (740) 593-9403 mccunn@ohio.edu