



Job Shadowing Checklist

Name: _____
Social Security #: _____
Academic Institution: _____
Date: _____

It is your responsibility to read the provided material. It is expected that if there are any questions or concerns, you will immediately address these issues with the preceptor or charge nurse in the assigned area.

Please initial below when the following activities have been read and completed:

- _____ SIH's Student Welcome Orientation presentation
- _____ HIPAA presentation & answer sheet
- _____ Confidentiality Policy & signed Agreement
- _____ Waiver & Release of Liability signed & dated
- _____ TB skin test results (at least a 1 step test) active within one year
- _____ Proof of medical insurance
- _____ An original or copy of your student ID (employee ID for SIH staff)

I HAVE READ AND UNDERSTAND THE EDUCATIONAL INFORMATION PROVIDED, AND I AGREE TO ABIDE BY SOUTHERN ILLINOIS HEALTHCARE'S GUIDELINES, PROCEDURES, AND POLICIES.

Sign below if you agree.

Signature

Date