

CLINICAL OBSERVER CHECKLIST

Name of Observer: _____

Sponsoring Department: Obstetrics and Gynecology Division: _____

Proposed Start Date: _____ End Date: _____

Attachments (please check to indicate the documentation is complete and is being submitted):

- ☐ **Letter of Support from Sponsoring Physician (if observing in OR)
OR Notification and Approval (attachment C) for Clinical Observation Only**
 - **Include in the letter: ownership/responsibility of the observer and dates of the observation**
 - Name(s) of Supervising Attending(s): _____
- ☐ Health insurance coverage if rotating through the hospital or any surgical procedural areas or Waiver of Liability Form
- ☐ Negative TB/PPD or QuantiFERON Blood test (within the last 12 months)
****if observer has a history of false positive tests they may provide:***
- ☐ Current Chest X-Ray (within last 12 months)
- ☐ Measles(Rubeola), Mumps, Rubella (MMR*) and Varicella vaccinations (VAR* or MMRV*)
**** 2 doses of each component are required, or 1 dose of each if within 1 month of observation date.***
- ☐ Or Proof of Immunity to each of the four diseases above (M, M, R, V) via positive titers
- ☐ Tdap (within 10 years)
- ☐ Current Flu Vaccination (Applicable during flu season)
- ☐ HIPAA Training (signed attestation)
- ☐ Statement of Casual Clinical Observer (signed attestation)
- ☐ Signed Confidentiality Statement
- ☐ Waiver of Liability Form
- ☐ **Students:** Copy of school ID
- ☐ **Medical Professionals:** Copy of Current Medical License/Medical Diploma (if available)
- ☐ Other: Copy of Current CV

