

Aultman Health Foundation

Student Observation Registration

NAME _____

LEVEL OF EDUCATION: _____ DATE OF BIRTH _____

ADDRESS _____

HOME PHONE _____ WORK OR CELL _____

SCHOOL _____

AREA OF INTEREST TO OBSERVE _____

DATE OF REQUEST (MUST BE FROM LIST OF DATES) _____

NOTE: MUST BE COMPLETED PRIOR TO FIRST EXPERIENCE.

1. _____ READ AND SIGN STUDENT CONFIDENTIALITY FORM
2. _____ READ SAFETY EDUCATION MATERIALS AND COMPLETE THE SAFETY QUIZ
3. _____ COMPLETE TWO-STEP TB TESTING AND SUBMIT DOCUMENTATION
4. _____ REVIEW DRESS CODE AND CONDUCT STANDARDS
5. _____ SEND IN COMPLETED REGISTRATION FORMS

Students will be notified if they are selected two weeks prior to their observational experience date.

COMMENTS _____

Student Signature

Date

Signature of Parent or Guardian if under age of 18

Date