



## JOB SHADOW STATEMENT FOR PROSPECTIVE RADIOLOGIC TECHNOLOGY STUDENTS

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PROSPECTIVE STUDENT:**

- Business casual attire or scrubs and comfortable shoes are recommended.
- Use of strongly-scented hygiene products are discouraged. Bodily odors or strong fragrances can be unpleasant to patients who are ill or may trigger severe allergic reactions
- Phones or computers should not be used for personal reasons during job shadowing
- Eating food/drinking should be done in designated areas
- No gum chewing
- Notify hospital personnel if there is any chance you may be pregnant
- Professional conduct and observance of patient privacy and confidentiality is required at all times

I, \_\_\_\_\_, agree to abide by the above recommendations and requirements. I understand that my clearance to attend a job shadow experience is at the discretion of the clinical site. I understand that this statement must be complete and included in my application to Red Rocks Community College in order to receive credit for job shadowing. In addition, Red Rocks Community College and the healthcare facility are released from any and all responsibility regarding accident or injury that might occur during my job shadow experience.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE FILLED OUT BY A RADIOLOGIC TECHNOLOGIST:**

The above named individual completed \_\_\_\_\_ hours of job shadowing in x-ray.

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PH# \_\_\_\_\_

RADIOLOGIC TECHNOLOGIST PRINTED NAME \_\_\_\_\_

RADIOLOGIC TECHNOLOGIST SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_