



JOB SHADOW STATEMENT For Prospective Students

Name _____ Date _____

Instructions:

1. Please dress appropriately for a hospital atmosphere. No jeans, sweatpants, miniskirts, or sandals. Shirts must have a collar. Wear sneakers or other comfortable walking shoes.
2. No gum chewing allowed at any time.
3. Please notify hospital personnel prior to your visit if there is any chance of pregnancy.
4. Please do not bring family members or friends with you for the job shadow experience.
5. Submit this completed and signed form with your application to the Radiologic Technology or Diagnostic Medical Sonography Program.
6. My signature below indicates my agreement and understanding that I will abide by all policies and procedures of the facility at which my job shadow experience will take place.

PLEASE REMEMBER THIS IS A HOSPITAL AND ACT ACCORDINGLY. Voices travel very well so please speak at an appropriate level at all times.

I, _____, have read the above protocol and agree to all conditions. I understand that my job shadow experience may be discontinued if I fail to observe the protocol at any time. 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 _____

The above named individual completed _____ hours of job shadowing in a radiology / medical imaging department.

Facility Name _____

Address _____

Contact Number _____

Printed Name _____

Signature _____

Date _____