



JOB SHADOW STATEMENT FOR PROSPECTIVE 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 of pregnancy.
- 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 _____

TO BE FILLED OUT BY THE TECHNOLOGIST:

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

FACILITY NAME _____

ADDRESS _____

PH# _____

TECHNOLOGIST PRINTED NAME _____

TECHNOLOGIST SIGNATURE _____

DATE _____