

**ELLIOT HEALTH SYSTEM
MANCHESTER, NH**

EXTERNAL REQUEST FOR OBSERVATIONAL EXPERIENCE

Date: _____
Person Requesting Observation: _____
Address and Telephone: _____
Area of Observation: _____
Date of Observation (at least 3): _____
Agency/Institution: _____
Address and Telephone: _____
Purpose of Observation (objectives):

Description of Educational Background (knowledge of aseptic technique,
understanding of procedure, infection control, confidentiality):

I, _____, the undersigned observer, agree to adhere to the policies of Elliot Hospital/Health System and release Elliot Hospital/Health System from any and all claims or causes of actions or injuries which may occur during my observational experience. I also attest that I am in good health, will provide documentation that I have had a Tuberculin Test within the past year, and to the best of my knowledge, have not recently been exposed to any communicable disease. I understand my obligation to keep in confidence any information about patient diagnosis, treatment, conditions or personal affairs and that disclosure of such information may result in legal proceedings.

Observer signature Date: _____

Parent/Guardian signature, if under Date: _____
18 years of age

APPROVED BY: _____ Date: _____
Department Director