

**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