

**ELLIOT HEALTH SYSTEM  
ORIENTATION CHECKLIST  
FOR  
JOB SHADOW & OBSERVATION STUDENTS**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

**ORIENTATION:**

I have read and understand the orientation /training materials set forth by Elliot Health System. I also acknowledge my responsibility to maintain "confidential" all patient's illnesses, treatments, or personal life, including but not limited to, financial information, which may be learned during the student's tenure within the Eliot Health System. Any violation of "confidentiality" will have serious legal repercussions.

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Student Signature and Date

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Instructor/Preceptor Signature and Date

	Initials of Preceptor	Initials of Student	Date
<i>GENERAL ORIENTATION</i>			
Identification Badge	_____	_____	_____
Cafeteria	_____	_____	_____
Library	_____	_____	_____
Parking	_____	_____	_____
<i>DEPARTMENT ORIENTATION</i>			
Tour of Unit/Dept	_____	_____	_____
Injury Reporting	_____	_____	_____
Fire/Emergency Equipment	_____	_____	_____
Phone/Emergency Phone System	_____	_____	_____
Use of Emergency Cords/Outlets	_____	_____	_____

\_\_\_\_\_  
Student/Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Date

**Return this document to Deb Langton in Nursing Administration once completed by Student and Preceptor.**