

## Froedtert Health – Observer Agreement

Personal Information		
Name (First, Middle, Last)		Date of Birth
Street Address		
City, State, Zip Code, Country		Email Address
Daytime Phone	Evening Phone	
Emergency Contact Name	Relationship	Phone
Professional Information (for licensed individuals only)		
Wisconsin Licensure, if applicable Number:                      Exp Date:	Home State Licensure, if applicable State:                      Number:                      Exp Date:	
Licensed in Home Country as	Type of Visa, if applicable	
Purpose of Visit		
<p>Observation for school requirement (List School / Program) _____</p> <p>Observation with educational lecture</p> <p>Potential Employment at Froedtert Health</p> <p>Professional Development – observe how care is provided at a Froedtert Health Affiliate Career</p> <p>Exploration</p> <p>Participation in education rounds                      Other: _____</p>		
<p>Froedtert Health Facility – check one      Froedtert Hospital      Community Memorial Hospital</p> <p>St. Joseph’s Hospital      F&amp;MCW Community Physicians; clinic location_____</p>		
Department/Area Requested for Observation		
Date/Time of Visit		
List the activities and/or educational objectives for this observation		
Health Requirements		
	DOCUMENTATION (Observer please indicate approximate dates of TB screen and immunizations).	
1. A negative TB (tuberculosis) skin test, a negative Quantiferon Gold blood test, or negative chest x-ray done within the past 12 months.		
2. Proof of 1 MMR vaccine <b>or</b> a positive Rubella titer.		
Observer Signature		
I certify that the information in this document and any attached documents is true, correct, and complete. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after Observer status has been awarded to me, may lead to termination of my participation in the Observer Experience.		
Printed Name of Observer	Date	
Signature of Observer	Academic Institution / Year in school (if applicable)	
If under 18, signature of parent or legal guardian and relationship	Date	

## Froedtert Health – Observer Agreement

Observer Name:	Department:	
Date:	Start Time:	End Time:

The Froedtert Health Affiliate has agreed to allow the undersigned Observer to observe patient care after meeting the established requirements. In consideration of the Observer being allowed the opportunity to observe at the Froedtert Health Affiliate, the undersigned Observer hereby agrees to the following:

### Confidentiality -

The Observer agrees that all non-public information, including patient information and information relating to the Froedtert Health Affiliate's business, intellectual property and materials acquired or received during the course of the observation shall constitute and be treated as confidential and shall not, unless required by law or otherwise specifically permitted by the Froedtert Health Affiliate, be disclosed or used during or after the Observer's observation at the Froedtert Health Affiliate without the prior written consent of the Froedtert Health Affiliate, except to the extent that it: (i) is or becomes publicly available through no fault of the Observer, (ii) is disclosed to the Observer by a third party not subject to any obligation of confidence, (iii) is independently developed by the Observer without the use of the confidential information or (iv) is already known or possessed by the Observer prior to disclosure.

**Release/Indemnification** - Observer agrees to release and hold harmless the Froedtert Health Affiliate, its members, directors, officers, employees and representatives from any liability for injuries, losses, damages or expenses arising from Observer's own conduct during Observer's observation experience at the Froedtert Health Affiliate. Observer will defend and indemnify Froedtert Health Affiliate, its members, directors, officers, employees and representatives for all claims, losses, damages, cost and other liabilities (including attorney's fees) resulting in any way from the acts or omissions of Observer, except to the extent that such claims arise out of the negligence or willful misconduct of Froedtert Health Affiliate, its members, directors, officers, employees and representatives.

**Illness** - The Observer hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against the Froedtert Health Affiliate, its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of the Froedtert Health Affiliate except those that arise from any act or omission of the Froedtert Health Affiliate, its members, directors, officers, employees or representatives.

**Medical Treatment** - The Observer agrees the Froedtert Health Affiliate shall provide or refer the Observer for outpatient treatment in the case of an accident or illness while in the Froedtert Health Affiliate facility.

**Froedtert Health Affiliate Policies** - The Observer agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by the Froedtert Health Affiliate's Code of Conduct, Joint Commission (JC) and Occupational Safety and Health Administration (OSHA) requirements.

**Medical Conditions** – To avoid exposure of risk to any of the Froedtert Health Affiliate's patients or staff the observer must be free from any communicable disease(s).

Observer Signature	
I certify that the information in this document and any attached documents is true, correct, and complete. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after Observer status has been awarded to me, may lead to termination of my participation in the Observer Experience.	
Printed Name of Observer	Date
Signature of Observer	Academic Institution / Year in school (if applicable)
If under 18, signature of parent or legal guardian and relationship	Date

Mentor Signature	
Printed Name of Mentor	Date
Signature of Mentor	Department