



## OBSERVATION/SHADOWING REQUEST FORM

Please use this form ONLY if you are plan to observe/shadow in the hospital for 40 hours or less.

Complete the below requested information and obtain required approval signatures. Once signatures have been obtained, return to the appropriate department listed below, along with a signed Attestation Form and Student Observation Agreement Form. **This must be returned no later than three (3) business days prior to day of observation/shadowing experience. Late requests will not be accepted.**

<p><b><u>Patient Care Areas</u></b> Patient Care Services St. Luke's Hospital 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5965, 419-893-5938 Fax: 419-891-8034</p>	<p><b><u>Non-Patient Care Areas</u></b> Human Resources St. Luke's Hospital 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5936 Fax: 419-891-8034</p>	<p><b><u>Physician Areas</u></b> Medical Staff Services St. Luke's Hospital 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5917 Fax: 419-891-8084</p>
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School or Organization: \_\_\_\_\_ Education Major (if applicable): \_\_\_\_\_

First day of observation: \_\_\_\_\_ Last day of observation: \_\_\_\_\_

Observing Department: \_\_\_\_\_

Department Supervisor or Physician Name: \_\_\_\_\_

Department Supervisor or Physician Signature: \_\_\_\_\_

(This cannot be same person that student is observing/shadowing with, unless physician.)

**Student will be observing:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Observer: \_\_\_\_\_

An Observer ID badge will be issued and available for pick-up at the information desk, on the day of your observation/shadowing experience, inside the Visitor Entrance (Entrance 2 for parking). The badge will be issued only after the above mentioned forms are complete, and received by Patient Care Services, Human Resources, or Medical Staff Services within the three business day time period.