

CLINICAL OBSERVER CHECKLIST

Name of Observer: _____

Sponsoring Department: Obstetrics and Gynecology Division: _____

Proposed Start Date: _____ End Date: _____

Attachments (please check to indicate the documentation is complete and is being submitted):

- Letter of Support from Sponsoring Physician (if observing in OR)
OR Notification and Approval (attachment C) for Clinical Observation Only**
 - Include in the letter: ownership/responsibility of the observer and dates of the observation**
 - Name(s) of Supervising Attending(s): _____

- Health insurance coverage if rotating through the hospital or any surgical procedural areas or Waiver of Liability Form
- Negative TB/PPD or QuantiFERON Blood test (within the last 12 months)
**if observer has a history of false positive tests they may provide:*
- Current Chest X-Ray (within last 12 months)
- Measles(Rubeola), Mumps, Rubella (MMR*) and Varicella vaccinations (VAR* or MMRV*)
** 2 doses of each component are required, or 1 dose of each if within 1 month of observation date.*
- Or Proof of Immunity to each of the four diseases above (M, M, R, V) via positive titers
- Tdap (within 10 years)
- Current Flu Vaccination (Applicable during flu season)
- HIPAA Training (signed attestation)
- Statement of Casual Clinical Observer (signed attestation)
- Signed Confidentiality Statement
- Waiver of Liability Form
- Students:** Copy of school ID
- Medical Professionals:** Copy of Current Medical License/Medical Diploma (if available)
- Other: Copy of Current CV

