

Middlesex Health – School of Radiologic Technology  
Observation Health Form – Middlesex Health Sites  
28 Crescent Street, Middletown, CT 06457

This information will be kept confidential and used only in conjunction with this program.

**Mail completed forms to:**

**MxCC/Middlesex School of Radiologic Technology**  
**Middlesex Health**  
**28 Crescent St.**  
**Middletown, CT 06457**

Personal Information

First Name		Last Name	
Street Address		City	State Zip
Home Phone	Mobile Phone	Email Address	

School Information

Grade in school or highest level of education completed

School/College Name

Major / Concentration

Please answer the following questions and return this form to the School of Radiologic Technology Clinical Coordinator at least five (5) business days in advance of requested observation date.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

When did you have your most recent physical examination? \_\_\_\_\_

Have you ever had or been exposed to Tuberculosis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a chronic \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had a TB skin test? \_\_\_\_\_ When? \_\_\_\_\_ Result? \_\_\_\_\_

Have you had a chest x-ray? \_\_\_\_\_ When? \_\_\_\_\_ Result? \_\_\_\_\_

Have you ever had the following diseases?

Chickenpox or Varicella Zoster (Shingles) infection? \_\_\_\_\_

Hepatitis? \_\_\_\_\_

Measles? \_\_\_\_\_

Mumps? \_\_\_\_\_

Do you have a chronic or recurrent rash or skin infection? Please explain. \_\_\_\_\_

List any medications you are currently taking (prescribed or otherwise) \_\_\_\_\_

I, the undersigned, hereby authorize my physician to release the medical information on page 1 to the Volunteer Services Department at Middlesex Health. This consent to disclose information may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent expires one year from the date signed (unless expressly revoked earlier).

Signature of Observer Applicant

Date

Please provide documentation of the following basic immunizations (current within one (1) year of requested observation date):

- **Rubella** - either laboratory evidence of immunity or proof of vaccination (one or more doses on or after age one).
- **Rubeola (measles)**- either laboratory evidence of immunity, proof of vaccination (two doses on or after age one or one dose if born before 1957), or documented physician-diagnosed infection.
- **Mumps**- either laboratory evidence of immunity, proof of vaccination (two doses on or after age one or one dose if born before 1957), or documented physician-diagnosed infection.
- **Varicella (chickenpox)**- either laboratory evidence of immunity, proof of vaccination with one/two doses varicella zoster vaccine (two doses required if age 13 or older when vaccinated), or history of herpes zoster (chicken pox or shingles) based on healthcare provider diagnosis.
- **Tuberculosis** - two step TB (PPD) skin test or Quantaferon Gold Test and a chest x-ray if PPD is positive.
- **Hepatitis B (optional)**- either laboratory evidence of immunity or proof of vaccination if received.
- **Flu Vaccine** - proof of vaccination for all observations between November 1 and April 1

Approved: Donna J. Crum, MS, RT (R)(CT)  
Program Director

Judy Wallace, PT, DPT  
Program Coordinator

Effective: August 2010  
Reviewed: Annually  
Reviewed, Not Revised: 2011, 2012, 2014, 2015, 2016  
Reviewed & Revised: 2013, 2017

MIDDLESEX HEALTH  
28 Crescent St.  
Middletown, Connecticut 06457

## Confidentiality Agreement for Observers

I hereby acknowledge that I have been granted permission to enter areas within Middlesex Hospital/Middlesex Health System that utilize (confidential) Protected Health Information. Protected Health Information is information about any person's health or treatment that identifies a person. I understand that Federal and State laws prohibit my use or disclosure of any information that I may encounter while at Middlesex Hospital/Middlesex Health System.

Furthermore, I understand and agree that I must maintain the confidentiality of all matters related to patients, the Hospital/Health System and its employees. Specifically, this includes, but is not limited to, refraining from looking-up, disclosing, copying, altering or modifying any business, employee, volunteer, or patient records, materials, computerized data or any other form of information unless authorized to do so.

I understand that if I fail to abide by the applicable Federal and State laws protecting confidential information, this may result in my facing civil or criminal penalties.

I understand that I may direct to the Middlesex Health HIPAA Privacy Office any questions I have about my obligations under this Confidentiality Agreement or under any of the Middlesex Health policies and procedures and applicable laws and regulations related to confidentiality. The contact information is:

Middlesex Health  
HIPAA Privacy Office  
Telephone: 860-358-4630  
email: HIPAAPrivacyOffice\_@midhosp.org

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Observer Name (Print)

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Signature

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Date

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Signature of Parent/Legal Guardian (if under the age of 18)

Approved: Donna J. Crum, MS, RT (R)(CT)  
Program Director

Judy Wallace, PT, DPT  
Program Coordinator

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## Middlesex Health – School of Radiologic Technology Observer Agreement

- Observer will complete and submit the School of Radiologic Technology Observer Form, which can be downloaded from the radiography program webpage, at least 5 days prior to the requested observation date with the School of Radiologic Technology Clinical Coordinator.
- Observer understands that he/she will not be provided with liability or medical insurance nor qualify for workers compensation benefits if injured during the course of the observation. Observer will provide a copy he/she has health insurance coverage which is valid in the United States.
- Observer will not provide medical care to patients which includes but not limited to performing the following functions: Take a medical history, perform physical examination, diagnose and treat a patient's condition, prescribe and administer drugs, write notes or orders in patient's chart, perform and assist in a procedure, bill for services rendered. Observer acknowledges that providing medical care to patients in violation of this.
- Observer understands that he/she must be accompanied by a radiography program student or appropriate radiology clinical staff when observing patient care activities. Observer has no independent access to patients or to patient records (electronic or hard copy).
- Observer must wear a temporary ID badge with an *"Academic Observer"* label and must return the temporary badge to the Radiologic Technology program or to an appropriate radiology staff member if off site after the term of the observation.
- Observer will provide the Middlesex Health School of Radiologic Technology appropriate documentation of the basic immunizations: Rubella, Rubeola (measles), Mumps, Varicella (chicken pox), Tuberculosis, and Hepatitis B (optional).
- Observer agrees to refrain from patient care observation at any time Observer has an infectious disease or condition that could be transmitted to patients.
- Observer or the School of Radiologic Technology may terminate this Agreement at any time and for any reason prior to the scheduled conclusion of the observation by providing written or oral notice to the other party. Observer acknowledges that there are no grievance, appeal or other due process procedures available to challenge the termination of an observation experience or Observer Form.
- Observer agrees to comply with all applicable policies and procedures of the Hospital, including but not limited to policies on Academic Observers and protecting patient confidentiality. Observer will not disclose or discuss patient identifiable information with any persons except in accordance with applicable law, Hospital policies and with the approval of other healthcare providers involved in the patient's care as needed to facilitate the observation experience.
- Observer assumes all costs incurred, including meals, parking, etc., during observation hours.
- Observers are expected to dress business casual and not permitted to wear open-toed shoes, tank/tube tops, t-shirts, jeans, cutoffs, shorts, sweats, heavy perfume, dangling or inappropriate jewelry. Students with such attire will be sent home.
- Observer is not permitted to carry any personal electronic devices capable of video, photography, or communication. All such devices should be left at home or inside his/her vehicle.
- **Release of Liability:** Observer releases Middlesex Health and its affiliates, trustees, officers, employees and agents from any responsibility or liability for personal injury, including death, and damage to or loss property that Observer may incur due to negligence of the Hospital and its affiliates, trustees, officers, employees and agents arising while Observer is in the Hospital.

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Signature of Observer.

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Date

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Program Director

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