



Memorial Healthcare  
College Only Job Shadowing Application

Student Information (please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

College: \_\_\_\_\_ Major: \_\_\_\_\_

Student email address: \_\_\_\_\_

Please describe where you would like job shadow:

Immunizations

Please enclose proof of the following immunizations;

**Varicella** (Chicken Pox): 2 doses or positive titer

**MMR** (Meases, Mumps & Rubella): 2 doses or positive titer

**Tuberculin** (TB/PPD): Negative test required within the last 12 months

**Hepatitis B**: 3 doses or positive titer

**Tdap** (Tetanus, Diphtheria, Pertussis): Must have received within the last 10 years

**Influenza (Flu shot)**: Due November 1 through April 1

The following forms must be sent with this application

- \_\_\_\_\_ Job Shadow Application
- \_\_\_\_\_ Commitment Statement
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ Proof of Immunizations
- \_\_\_\_\_ Copy of Driver's License

I acknowledge that I have reviewed the Student Clinical Handbook. I understand that I am responsible for knowing this information and that I am required to follow Memorial Healthcare's policies and procedures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Email Completed forms to Cindy George: [cgeorge@memorialhealthcare.org](mailto:cgeorge@memorialhealthcare.org)

**Applicants with missing forms or incomplete forms will not be able to job shadow. All job shadow experiences are assigned in the order in which they are received.**