

**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 (Measles, 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

Covid: 2 dose of Moderna or Pfizer or 1 dose of Johnson & Johnson or approved Memorial Exemption

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

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.