

Patient Care Observation and Health Screening Request

Observer Information

Observer Name and Title	
Facility, Address and Phone Number	Observer's Phone and Email Address
	Phone:
	Email:

Shands Sponsor Information

Sponsor Name and Title	Sponsor's Phone and Email Address
	Phone:
Sponsor Department or Division	Email:

Request for Observation Details (check all that apply)

Dates of Observation	Specific Date:	(or) From:	To:
At Locations:	<input type="checkbox"/> UF Health Shands <input type="checkbox"/> UF Health Shands Rehab Hospital <input type="checkbox"/> UF Health Shands HomeCare <input type="checkbox"/> Other:		
• Facility • Department	<input type="checkbox"/> OR <input type="checkbox"/> ER <input type="checkbox"/> L&D <input type="checkbox"/> Other:		
Reason(s) for the Observation	<input type="checkbox"/> Visiting Faculty or Provider <input type="checkbox"/> Student Education <input type="checkbox"/> Training Session <input type="checkbox"/> Other:		

Observer Health Screening

The Sponsoring Department is required to ask the Observer the health screening questions below shortly before the start of the observation event (e.g. the day of the event). The Observer must sign this section of the form. This is done to maximize patient safety and minimize patient exposure to communicable diseases. **Observers exhibiting any of the signs or symptoms below are not permitted to observe patient care. Observers that have not received a seasonal influenza vaccination (i.e., "flu shot") may be required to use protective measures such as, but not limited to, procedure or surgical masks.**

Do you have any of the following?	Yes	No
Diarrhea, Nausea or Vomiting		
Fever, Cough, Runny Nose or Sore Throat		
Cold Sores, Infected or Draining Lesions		
Impetigo (<i>common skin infection, rash or blisters</i>)		
Chicken Pox		
Have you been exposed to any of following within the past three weeks?		
Measles, Mumps or Chicken Pox		
Have you received a seasonal influenza vaccination for the current flu season?		
Signature of Patient Care Observer		

See Core Policy 03.058 for detailed requirements pertaining to Patient Care Observers. Summary information is below.

The Sponsoring Department Shall:

- Make an independent decision as to whether an observation request, for the purposes of enhancing the Observer's knowledge, is appropriate,
- Ensure that the Observer has completed HIPAA Training for Patient Care Observers in myTraining and signed a Confidentiality & Security (C&S) Agreement.
- Return the signed and completed Request Form and C&S Agreement to the UF Health Shands Privacy Office: (fax) 352.627.9052 • Privacy@Shands.ufl.edu • P.O. Box 103175. Retain a copy for your records.

Approvals required depend on the areas to be observed and are consistent with Sponsoring Department Observation practices.

Signature Approval of Chair, Department Head or Designee	Date Approved
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