

# Observer Form

Personal Information		
Name (First, Middle, Last)	Date of Birth	
Street Address		
City, State, Zip Code, Country	Email Address	
Daytime Phone	Evening Phone	
Emergency Contact Name	Relationship	Phone
Professional Information (for licensed individuals only)		
Wisconsin Licensure, if applicable Number:                      Exp Date:	Home State Licensure, if applicable State:                      Number:                      Exp Date:	
Licensed in Home Country as	Type of Visa, if applicable	
Purpose of Visit		

Observation for school requirement (List School / Program) \_

# Observer Agreement

Observer Name:	Department:
Date:	Start Time: <span style="float: right;">End Time:</span>

The Froedtert Health Affiliate has agreed to allow the undersigned Observer to observe patient care after meeting the established requirements. In consideration of the Observer being allowed the opportunity to observe at Froedtert Health Affiliate, the undersigned Observer hereby agrees to the following:

**Confidentiality** - The Observer agrees that any information or knowledge acquired received during the course of the observation, including but not limited to patient care information and information contained in patient care records, shall be treated as confidential and shall not, unless required by law or otherwise specifically permitted by the Froedtert Health Affiliate, be disclosed or used or after the Observer's observation at Froedtert Health Affiliate without the prior written consent of the Froedtert Health Affiliate.

**Release/Indemnification** - The Observer agrees to and hereby does release, indemnify and hold harmless the Froedtert Health Affiliate, its members, directors, officers, employees and representatives from any and all responsibility and obligations and not to hold the Froedtert Health Affiliate liable for any injuries, losses, damages or expenses which may occur as a result of any act or omission of the Froedtert Health Affiliate, its members, directors, officers, employees or representatives, or which may result from the Observer's observation experience at the Froedtert Health Affiliate.

**Illness** - The Observer hereby forever releases and shall discharge all claims and causes whatsoever, present and future, against the Froedtert Health Affiliate, its directors, officers, employees and agents related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of the Froedtert Health Affiliate.

**Medical Treatment** - The Observer agrees the Froedtert Health Affiliate shall provide or refer the Observer for outpatient treatment in the case of an accident or illness while in the Froedtert Health Affiliate facility. In no circumstances shall the Froedtert Health Affiliate bear the cost of the medical treatment.

**Froedtert Health Affiliate Policies** - The Observer agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by the Froedtert Health Affiliate's Code of Conduct, Joint Commission (JC) and Occupational Safety and Health Administration (OSHA) requirements.

**Medical Conditions** - To avoid exposure of risk to any of the Froedtert Health Affiliate's patients or staff the observer must be free from any communicable disease(s).

**Observer Signature**

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