

# Observer Screening Requirements

OBSERVER'S NAME (Print): \_\_\_\_\_ DATE(S) of observation: \_\_\_\_\_

The following documents must be submitted via link on observer page or email. An incomplete packet will result in denial of observation experience:

- Photo ID
- Confidentiality Agreement form
- Letter of Intent
- Aged 16 and 17 year old observers' documents:
  - a. Parental/Guardian WAIVER of Liability form signed

## Health Screening Documents:

- Flu shot:** Proof of immunization during flu season
- TB surveillance:**
  - a. Proof of the 2-Step TB skin test, **OR**
  - b. Quantiferon Gold TB test within last 1 year, **OR**
  - c. If you have a history of positive TB skin test, provide documentation and a radiology report of a chest x-ray within the past year
- Varicella (chicken pox):**
  - a. Proof of immunity (serologic titers) **OR**
  - b. Documentation of 2 doses varicella vaccine
- Rubeola (measles):**
  - a. Proof of immunity (serologic titers) **OR**
  - b. Documentation of 2 doses of live measles vaccine on or after your first birthday
- Mumps:** Proof of immunity (serologic titers) **OR** documentation of vaccination
- Rubella:** Proof of immunity (serologic titers) **OR** documentation of vaccination
- TDap (tetanus and pertussis):** Proof of immunity (serologic titers) **OR** documentation of vaccination
- COVID-19:** Proof of vaccination-Vaccination card and/or Declination Form/ or negative COVID test within 48 hours.

❖ If the applicant has current symptoms of a communicable illness, the observation will be cancelled.

**ATTESTATION:** I attest by my signature that my above immunizations are up to date, and I am in good health. I have provided the required documentation to Perioperative Services and/or the Surgery Student Interest Group.

OBSERVER / GUARDIAN SIGNATURE: \_\_\_\_\_

ATTESTATION: I attest that the relationship to the sponsor is: \_\_\_\_\_

PERIOPERATIVE LEADER (or designee) approver (Typed): \_\_\_\_\_

SURGEON / SPONSOR (or designee) approver (Typed): \_\_\_\_\_