

West Tennessee Healthcare Job Shadow Application

Personal Information:

Name _____

Current Address _____

City, State, Zip _____

Phone _____

Email Address _____

Are you under 18 years of age? Yes No If yes, date of birth _____

Emergency Contact _____ Phone _____

Signature _____ Date _____

Department Information:

In what area will you be observing i.e. radiology, physical therapy, etc.?

Name of your contact in that area _____

For how many hours will you be observing? _____

Thank you for choosing to job shadow at Jackson-Madison County General Hospital. You are required to complete a brief orientation on the Patient and System Confidentiality Policy of West Tennessee Healthcare as well as complete a brief training session on HIPAA (Health Information Portability and Accountability Act). You will be given a name tag that you must wear while shadowing.

