



OBSERVATION/SHADOWING REQUEST FORM

ST. LUKE'S

Please use this form ONLY if you are plan to observe/shadow in the hospital for 40 hours or less.

Complete the below requested information and obtain required approval signatures. Once signatures have been obtained, return to the appropriate department listed below, along with a signed Attestation Form and Student Observation Agreement Form. **This must be returned no later than seven (7) business days prior to day of observation/shadowing experience. Late requests will not be accepted.**

<u>Patient Care Areas</u> Patient Care Services McLaren St. Luke's 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5965, 419-893-5938 Fax: 419-891-8034 Email: studentintake@stlukeshospital.com
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<u>Non-Patient Care Areas</u> Human Resources McLaren St. Luke's 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5936 Fax: 419-891-8034
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<u>Physician Areas</u> Medical Staff Services McLaren St. Luke's 5901 Monclova Rd. Maumee, OH 43537 Phone: 419-893-5917 Fax: 419-891-8084
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Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

School or Organization: _____ Education Major (if applicable): _____

First day of observation: _____ Last day of observation: _____

Department you would like to observe/shadow: _____

Signature of person requesting observation/shadowing experience: _____

An Observer ID badge will be issued and available for pick-up at the information desk, on the day of your observation/shadowing experience, inside the Visitor Entrance (Entrance 2 for parking). The badge will be issued only after the above mentioned forms are complete, and received by Patient Care Services, Human Resources, or Medical Staff Services within the three business day time period.

To be completed by McLaren St. Luke's:

The above applicant will be observing/shadowing the below employee in the requested department:

Employee Printed Name: _____ Employee Signature: _____

Department Supervisor or Physician Printed Name: _____

Department Supervisor or Physician Signature: _____

(This cannot be same person that student is observing/shadowing with, unless physician.)