

JOB SHADOW/OBSERVER AGREEMENT

I, _____ (“Participant”) understand and acknowledge that Southern Illinois Healthcare (“SIH”) has agreed to allow me to shadow professionals at its various facilities based on my interest in exploring a potential career in the health care field. In consideration of SIH allowing me the opportunity to participate in its job shadow/observer program, I understand and agree to the following:

1. Participant shall attend an online orientation at a time reasonably determined by SIH.
2. Prior to the commencement of any activities under this Agreement, Participant shall provide written evidence of:
 - a. Evidence of annual two-step TB skin test or QuantiFERON-TB Gold blood test;
 - b. Chest x-ray for Participant with a positive tuberculin skin test;
 - c. Proof of annual Flu vaccination; and
 - d. Proof of COVID-19 vaccinations.
3. Participant shall maintain health insurance during the term of this Agreement. Health insurance shall not be provided to Participant by SIH.
4. Participant shall observe and comply with such rules, regulations, and policies as SIH may from time to time adopt.
5. Participant will maintain as confidential all patient records and other data to which they may have access, and shall not disclose to or copy the same for any person without the express written permission of SIH unless such disclosure is required by law or Order of the Court.
 - a. Participant shall sign a confidentiality agreement before engaging in any activities at any SIH Facility.
 - b. Participant will not conduct or make any formal or informal survey, research, inquiry or other study relating in any way to SIH, its Facilities, patients, staff or programs, without first obtaining review and written approval of SIH.
 - c. Participant shall return to SIH all of SIH’s records and other SIH property in their possession promptly at the termination of their duties hereinunder.
6. Participant is required to dress in accordance with dress and personal appearance standards approved by SIH. Participant shall at all times while at SIH facilities wear a name tag, badge, or other identifying label approved and provided by SIH.
7. Participant shall be responsible for any meals consumed during work hours, unless provided by SIH.
8. Participant shall be responsible for their own transportation, including during work hours.
9. Participant shall participate and successfully complete training regarding exposure to bloodborne pathogens consistent with the standards applicable for compliance with the final regulations issued by the Occupational Safety and Health Administration governing employee exposure to bloodborne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, and which regulations became effective March 6, 1992, and as may be amended or superseded from time to time (the “Regulations”), including but not limited to information and training which addresses (a) the hazards associated with blood and other potentially infectious materials, (b) the protective measures to be taken to minimize the risk of occupational exposure to bloodborne pathogens, (c) the appropriate actions to take in an

emergency involving exposure to blood and other potentially infectious materials and (d) the reasons Participant should participate in Hepatitis B vaccination and post-exposure evaluation and follow-up.

10. Participant shall adhere to established schedules and notify their assigned supervisor within SIH of any absences or necessary schedule changes.
11. Participant shall not engage in unlawful discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, disability, unfavorable discharge from the military, or status as a disabled veteran.
12. Participant understands and agrees that SIH will determine which of its Facilities shall be available and make the appropriate facilities available in order to provide an appropriate experience to Participant.
13. Participant understands and agrees that SIH will make emergency medical care available for Participant through the regular SIH procedure of handling emergencies. Expenses of such care shall be the sole responsibility of Participant.
14. SIH shall not provide professional liability insurance for the Participant.
15. Participant understands and agrees that SIH reserves the right to terminate Participant's job shadowing/observer experience as a result of health status, performance or other actions that SIH deems detrimental to patient well-being. SIH further reserves the right to request removal of Participant for conduct which is contrary to SIH's standards of conduct as set forth in its policies and procedures.
 - a. SIH may immediately remove from the premises Participant for posing an immediate threat or danger to personnel or to the quality of medical services or for unprofessional behavior.
16. Participant understands that SIH agrees to comply with all applicable federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations to the extent that they apply to SIH.
17. Participant understands and agrees that during the term of this Agreement, Participant shall not, at any time, be deemed to be an employee of SIH under any circumstances. SIH shall not be liable for any payment of any wage, salary or compensation of any kind for any activity performed by Participant. Participant will not be covered in any manner under SIH's workers' compensation policy. It is expressly understood and agreed that this Agreement does not intend and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between Participant and SIH. The provisions of this Paragraph shall survive expiration or other termination of this Agreement regardless of the cause of such termination.
18. In the event of any litigation arising in connection with this Agreement, Participant agrees to cooperate in risk management, prevention, claims investigation and litigation under the direct control and supervision of their respective legal counsel and SIH legal counsel.

Signature to follow on next page

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____

Date: _____

Name: _____

Email: _____

Phone Number: _____

Signature of Parent/Guardian (required if participant is under age of 18):

Printed Parent/Guardian Name: _____