



Observer Program Handbook & Application

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For additional information, please contact 786-467-2633.

ABOUT BAPTIST HEALTH SOUTH FLORIDA

Baptist Health South Florida is the largest faith-based, not-for-profit healthcare organization in the region, with an outstanding reputation for medical and service excellence. Our network of services extends throughout South Florida with Baptist, Baptist Children's, West Kendall Baptist, South Miami, Homestead, Mariners and Doctors Hospitals, and Miami Cardiac & Vascular Institute and Miami Cancer Institute. Baptist Outpatient Services includes outpatient diagnostic and urgent care facilities, such as the conveniently located Baptist Medical Plazas, as well as surgical facilities and home healthcare services.

WHAT IS THE OBSERVER PROGRAM?

It is the policy of Baptist Health to promote learning at our facilities by providing educational opportunities for members of the South Florida community and abroad, with the goal of increasing the number of medical and healthcare professionals in the communities we serve. To this end, Baptist Health will accept requests from qualified applicants desiring to take part in the Observer program.

How to Apply

Step 1 Review the program handbook.

Step 2 Collect the required documents.

Step 3 Contact prospective sponsoring clinician.

Step 4 Return all required documents and the application to the Academic Affairs Office two to eight weeks prior to the intended start date.

The Observer program is a voluntary experience that does not constitute employment, medical education or any training leading to academic credit, licensure or board certification. For any questions, please contact 786-467-2633.

PROGRAM ELIGIBILITY & REQUIREMENTS

Participants of the Observer program have the opportunity to shadow Baptist Health clinical employees and medical staff members on rounds and observe in operating room cases.

- Applicants must be at least 16 years old by the start of the program.
- Facility capacity constraints may limit the number of participants in a specific department at the discretion of the facility.
- Applicants must be sponsored by a licensed clinician with clinical privileges or by a Baptist Health employee at each facility where they will observe.
- Applicants acknowledge that they will participate in an observation-only role, and will not participate in direct or indirect patient care nor conduct research.

GENERAL PARTICIPANT REQUIREMENTS

- Review the program handbook.
 - Complete the two page program application.
 - Complete Baptist Health Supplemental Health Form.
 - Provide a copy of health insurance.
 - Provide a copy of original government-issued picture identification (i.e., driver's license, passport, military ID, etc.).
 - Proof of enrollment on school letterhead or Email (students and residents only).
 - United States citizens or permanent residents of the United States must provide one of the following
 - 1) Letter of support from your current academic program verifying successful completion of background check dated within one year of application.
- OR**
- 2) A clearance letter available from the local police department within your county of residence. This is the county matching your government-issued ID.
- Applicants requesting special accommodations to apply and/or participate in the Observer program should notify the Academic Affairs Office prior to applying.
 - Some departments may have additional department-specific requirements. Please confirm with your sponsoring clinician.
 - Currently approved FIU Medical Students need only complete the 2 page application.
 - Observers at South Miami Hospital must complete Hospital Compliance Training. See next page for more details

INTERNATIONAL APPLICANTS

All non-U.S. citizens or permanent residents must complete the International Eligibility Form found on BaptistHealth.net/GME and email it to International@BaptistHealth.net prior to completing this application. Please indicate "International Observer Applicant" in the email subject line.

SOUTH MIAMI HOSPITAL COMPLIANCE TRAINING

Observers participating for more than 1 day at South Miami Hospital are required to complete an online compliance training module as part of their application.

To access the compliance training:

- 1) Visit <https://cmeonline.baptisthealth.net/>
- 2) Enter "Compliance" in the top right search box
- 3) Select "Medical Students/Nursing Students/Observers Compliance Training for South Miami Hospital Covered Persons"
- 4) Select "Register/Take Course"
- 5) Select "Register"
- 6) Fill in the information to create a new account.
 - i. For "Specialty" select "Intern"
 - ii. For "Affiliations" select "other" and enter the word 'Observer'
 - iii. For "Occupation" select "Observer"
- 7) Select "Register".
- 8) In order to earn credit, it is necessary to complete the course with a passing score of 80%.

Once training is completed, please include the completion certificate with your application documents.

FINDING A SPONSORING CLINICIAN

Applicants make arrangements to observe directly with the sponsoring clinician before applying to the program. The Academic Affairs Office is not able to match participants with clinicians*.

Specialty	Contact	Approval(s) Required
Physician	Visit BaptistHealth.net and click on "Find a Doctor" for a list of Baptist Health-credentialed physicians.	Physician
Physicians Assistant or Nurse Practitioner	Contact the clinician directly.	Clinician, Department Director
Pharmacy	<ul style="list-style-type: none"> • Baptist Hospital: 786-596-6435 • West Kendall Baptist Hospital: 786-467-2650 • South Miami Hospital: 786-662-8668 	Pharmacist, Department Director
Physical Rehabilitation	<ul style="list-style-type: none"> • Baptist Hospital: 786-596-7120 • West Kendall Baptist Hospital: 786-595-9800 	Clinician, Department Director
Lab	<ul style="list-style-type: none"> • Baptist Hospital: 786-596-7650 • West Kendall Baptist Hospital: 786-467-2601 	Clinician, Department Director
Nursing	Contact the clinician directly.	Nurse, Department Vice-President
All Other Specialties	Contact the clinician directly.	Clinician, Department Director

ADMINISTRATIVE FEE

A non-refundable administrative fee must be submitted via mail or by phone to the Baptist Health South Florida Academic Affairs Office. **Applications cannot be processed until the administrative fee is received.**

- Credit Card: Call 786-467-2633 to provide your credit card information after submitting your application.
- Check or Money Order: Payment must be a cashier's or personal check, or money order drawn on a U.S. financial institution and payable in U.S. funds to Baptist Health South Florida.

	High School Students	Undergraduate or Graduate Students and Resident Physicians	Currently Enrolled FIU Medical Students	Working Professionals and Visiting Physicians
Administrative Fee	Waived	\$100	Waived	\$250
Proof of enrollment required?	YES	YES	YES	NO

GUIDELINES & EXPECTATIONS FOR OBSERVERS

Observers may shadow clinician on rounds, observe procedures and enter the operating room. They may also participate in educational programming and conferences taking place at Baptist Health facilities.

- No hands-on patient contact or responsibility for patient care
- No direct access to medical records or entry into the patient's chart
- No patient care or other orders may be written or given verbally
- No research conducted on-site or utilizing information gathered while participating in program

IDENTIFICATION (ID) BADGES

Observers are provided with a picture ID badge and Observer badge buddy. The badge will include the dates of participation. The badge must be worn above the waist and visible at all times while at a Baptist Health facility. Badges must be returned at the completion of the program to the Security Office. Badges not returned within one week of final observing date may incur a \$25 replacement fee.

CODE OF CONDUCT AND OBSERVER ETIQUETTE

Observers must engage in professional and appropriate conduct at all times. Examples of unprofessional conduct include, but are not limited to, breaches of patient confidentiality, abusive language, sexual or other forms of harassment and verbal or nonverbal conduct that harms or intimidates others.

All Baptist Health facilities are tobacco free. No tobacco products may be used in the facilities or outside on campus.

DRESS CODE

Observers must adhere to the following guidelines to maintain a professional environment, as well as to ensure participant and patient safety. Participants not abiding by the dress code will not be permitted to participate in the program until they comply with the dress code.

- Clothing
 - Observers should adhere to professional business attire standards.
 - Observers must wear closed-toed shoes at all times, no high heels.
- Jewelry
 - Minimum pieces of jewelry such as wedding rings and watches are acceptable.
- Observers are not permitted to wear perfume, cologne or scented lotions while at a Baptist Health facility. This is enforced to prevent adverse reactions.
- Departments may provide specific protective equipment (gloves, coats, protective eyewear) to use in certain circumstances to reduce risk of exposure to potentially infectious agents.
- **Observers may not wear scrubs during the program unless they are provided by Baptist Health**

PARKING

Observers may park in areas designated visitor parking areas unless noted by the Academic Affairs Office.

SPONSORING CLINICIAN SUPERVISION STANDARDS

All observers will function under the direct supervision of their sponsoring clinician. Supervisors must ensure that observers are limited to an observation-only role. No hands-on patient contact or care is permitted.

When engaging a patient in any department, sponsoring clinicians must identify the observer to the patient and request his or her consent prior to allowing the observer to be present. If the patient declines to allow the observer's presence, then the observer shall refrain from shadowing in that particular case.

Observers may not directly access any patient medical records. Read-only access and review of patient information should be done collaboratively with the sponsoring clinician, and only when necessary. Sponsoring clinicians will not provide observers with computer log-ins or access codes.

SPONSORING CLINICIAN REQUIREMENTS

- Co-sign the program application.
- Supervise the participant within the guidelines specified in this handbook.
- Assume responsibility for the behavior of the participant while on campus.
- Ensure the participant is under the direct supervision of only those clinicians listed on this application.

COMMUNICATION CHANNELS AND SCHEDULES

Issues regarding changes in an observer's schedule should be addressed with the sponsoring clinician. Should the schedule change require a correction in the dates stated in the original application, it is the observer's and sponsoring clinician's responsibility to notify the Academic Affairs Office.

OPERATING ROOM GUIDELINES

The following procedural guidelines are to be observed by the participant at all times in the department of Surgery and Operating Room. Additional facility-specific OR guidelines can be found in departmental policies available to the sponsoring clinician upon request.

Observers will be prohibited from the following:	<ul style="list-style-type: none">○ Encroachment on the sterile field; patient contact○ Direct contact with blood and body fluid substances○ Contact with surgical equipment and instruments
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1. All participants entering the semi-restricted areas of the surgical suite should be in clean (not from outside) hospital laundered surgical attire intended for use only within this area.
 - a. Scrub attire shall be hospital laundered. A coordinating scrub jacket that is buttoned or snapped up during use to prevent contamination of the sterile field is required for non-scrubbed personnel while in the surgical suite. Clothing worn under scrub apparel should not be visible.
 - b. Operating room attire that is visibly soiled or wet must be changed.
 - c. When shoe covers are necessary, the wearer should remove them before leaving the operating room to avoid tracking blood and debris through the department.
 - d. All possible head and facial hair including sideburns and neckline must be covered.
 - e. Disposable bouffants or caps are preferred. Freshly laundered reusable hats or caps are permitted but must be completely covered by a disposable bouffant or cap.
2. Protective barriers (gloves, masks and protective eyewear and face shields) are provided by the facility and should be utilized to reduce the risk of exposure to potentially infectious agents.
3. Shoes with holes or vents on the top are not allowed. No high heels are permitted in the operating room.
4. Cell phones, laptops, tablet computers, personal waist packs, backpacks or tote bags are not permitted into the restricted area.
5. Any outward symptoms of illness are considered infectious, and the observer will be asked to leave the procedural area.

FIRE SAFETY

In case of fire, remain calm. It is important to prevent panic. This will be easier if you know the fire emergency plan, know the location of fire equipment, alarms and exits, and participate fully in fire drills. Fire alarm boxes are located at each fire exit and all nurse stations. Take the time to look around your work area for the location of fire pulls and extinguishers. It is your responsibility to know where the fire extinguisher and fire exit is for each department you are observing on. If you are unsure, ask your sponsoring clinician.

Fire Safety Procedures	R	Rescue	P	Pull
	A	Alarm	A	Aim
	C	Confine	S	Squeeze
	E	Extinguish/Evacuate	S	Sweep

Think of the word “RACE” to help you remember what to do in the event of a fire.

- **Rescue** anyone in immediate danger from the fire. Move patients horizontally first. If a whole floor is in danger, move to the next lower floor. Never use elevators to evacuate. Evacuate ambulatory patients first to reduce confusion and congestion.
- **Alarm** co-workers by dialing #7777 or activating the fire alarm box. Report a “Code Red” and give the exact location.
- **Contain** the fire by closing all doors and windows. Shut off air-conditioning and fans, if possible.
- **Extinguish** a small fire, if possible, with an ABC fire extinguisher or smother it with a blanket.

Remember the Word “PASS” if you need to use a fire extinguisher.

- **P** – Pull the pin from the handle.
- **A** – Aim the nozzle to the base of the fire.
- **S** – Squeeze the handle to operate.
- **S** – Sweep from side to side, along the base of the fire.

RISK MANAGEMENT

The primary purpose of the Risk Management and Patient Safety Department is to maintain a safe and effective healthcare environment for patients, families, visitors, employees and physicians, thereby reducing harm to patients and loss to the organization.

INCIDENT REPORTING

Observers must report all incidents, as defined below, to the Academic Affairs Office within three business days after the occurrence. The participant will be prompted to complete an incident report online. If the incident involves a Baptist Health employee, the Human Resources Department will be notified.

Incident Reports: Florida Statute 395.0197(1)b.4(e)

An incident is any unanticipated occurrence, accident, or event that has caused injury, has the potential to result in injury, or is not consistent with the routine operations of providing healthcare services. Some examples of “incidents” may involve observing:

- Falls by patients or visitors
- Medication errors
- Failure to obtain consent
- Blood exposure
- Unsecured sharps or medications

Allegations of Sexual Misconduct: Florida Statute 395.0197(9)

Definition of Sexual Misconduct: Florida Statute 456.063(1)

Sexual misconduct in the practice of a healthcare profession means violation of the professional relationship through which the healthcare practitioner uses such relationship to engage or attempt to engage the patient, or an immediate family member, guardian, or representative of the patient, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such healthcare profession.

Tips to avoid a misunderstanding or false allegation:

- Introduce yourself and explain your role in the patient’s care.
- Always maintain a professional demeanor and boundaries.
- Do not joke or make inappropriate remarks of a sexual nature; avoid flirtatious behavior.
- Always allow patients to disrobe and dress in private and offer cover gowns and appropriate drapes.

PATIENT PRIVACY AND BUSINESS CONFIDENTIALITY

PROTECTED HEALTH INFORMATION

At Baptist Health South Florida, we have a longstanding commitment to protect patient privacy. HIPAA (Health Insurance Portability & Accountability Act) formally enacted the steps we must take to protect the privacy rights of our patients and defines “Protected Health Information” (PHI) as a patient’s personal and confidential health information.

Definition of Protected Health Information:

For purposes of this acknowledgement and agreement, “patient information” shall include demographic information, and means information created or received by a Baptist Health facility that:

- Relates to the individual’s past, present or future physical or mental health or condition; to the provision of healthcare to an individual; or to past, present or future payment for the provision of healthcare to the individual.
- Identifies the individual, or for which there is a reasonable basis to believe it can be used to identify the individual.
- Exists in verbal, written and electronic formats.

Participants must maintain all personal information provided by patients confidential. This may include information regarding:

- Patient’s identity and demographic information
- Medical condition
- Emotional condition
- Financial situation

MOBILE DEVICES AND SOCIAL MEDIA

Baptist Health South Florida is committed to maintaining patient privacy. Mobile devices (cell phones, MP3 players, etc.) should be set on silent and only used in case of emergency when at a Baptist Health facility. Observers are prohibited from using mobile devices or social media to disclose any protected health information, Baptist Health business records or any information which is confidential or proprietary.

Observers may not post or share photos, videos, online comments, blogs, tweets, etc., containing or describing Baptist Health patient or proprietary information, without prior written authorization from the Baptist Health Corporate Marketing & Public Relations.

Safeguards Matrix for Protecting Privacy

Administrative Safeguards

- Lower the tone of your voice when discussing a patient's condition in an open area.
- Avoid discussing patient information in open areas whenever possible.
- Listen to your patients and families.
- Remain attentive to time, place and tone.
- Contact Patient and Guest Services or the Privacy Office in the event a patient or employee wishes to exercise one of his or her privacy rights.
- Provide the minimum amount of PHI necessary in nontreatment situations.

Physical Safeguards

- Safeguard the integrity of the paper record.
- Never leave patient charts in areas where they can be viewed by visitors.
- Always dispose of paper documents and labels in the designated bins.
- Documents containing PHI may not be removed from the department.
- Observers must always wear their ID badge when on the premises of a Baptist Health facility.
- Tilt or move your computer screens so that information is not visible to the public.
- If there is any doubt or, in the case of shared rooms, ask the patient's permission before disclosing any PHI.

Technical Safeguards

- No personal electronic mobile devices should be used in patient care areas; (Baptist Health HR Policy 6400).
- PHI may not be stored on any electronic mobile devices such as laptops, USB (thumb drives), external hard drives, cell phones, tablets (iPads) or cloud storage.
- PHI may NEVER be shared, posted or otherwise disclosed on social media.
- You may never share, use or disclose PHI in a text message using your personal phone.

Confidentiality Requirements

- 1) I have been informed about, understand and will comply with applicable Baptist Health policies and procedures regarding the confidentiality of patient and business information.
- 2) I will not record, discuss or otherwise divulge any patient or business information that I may come in contact with.
- 3) I will guard and maintain the confidentiality of any patient and business information I may come in contact with, including, but not limited to, keeping patient information secure, private and out of public view, and avoiding conversations about patient information.
- 4) I understand that I may be terminated from participating in the program at Baptist Health facilities if I do not comply with any provision of applicable law or the Baptist Health facility's confidentiality policies and procedures.

ENFORCEMENT AND SANCTIONS

Violations of the policies outlined in the program handbook and application by the participant may result in automatic removal from the program and will exclude them from re-entering at a later date. Violations of the policies by a clinician or administrator may lead to revocation of system privileges and/or disciplinary action up to and including termination.

INFECTION CONTROL

STANDARD PRECAUTIONS: HEALTH REQUIREMENTS

- Observers may not participate if they are experiencing any flu or flu-like symptoms or symptoms of any other contagious illness.
- Any observer with draining lesions (including fever blisters, conjunctivitis, etc.) should refrain from shadowing until the condition has cleared.
- Observers may not participate if they are experiencing symptoms of respiratory or gastrointestinal infection or other infectious disease.

MANDATORY HAND WASHING

1. Hand washing is the single most important factor in preventing the spread of disease and should be done:
 - Upon arrival to the hospital.
 - Upon arrival to and leaving the patient's room.
 - Before leaving the restroom.
 - Before and after eating.
 - After removing gloves.
 - After leaving a patient.
2. Routine hand washing requires vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds followed by thorough rinsing under warm running water. Dry hands with paper towels and use towel to turn off faucet.
3. An alcohol-based hand rinse can be used when sinks are not readily accessible and to enhance hand washing. In the case of a patient with suspected clostridium difficile infection, routine hand washing should be observed as described above.

Blood/Body Substance Exposure, Evaluation and Management

Observers exposed to bodily fluids (i.e., needle stick, fluid splash) must immediately notify their sponsoring clinician and report to the Emergency Department. Observers should contact the Graduate Academic Affairs Office within 72 hours, where they will be prompted to complete an incident report if they have not already done so.

Observers are responsible for the payment of fees associated with the diagnostic and therapeutic services associated with needle-stick and other types of injuries, including filing health insurance claims.

INFORMATION FOR INTERNATIONAL APPLICANTS

Baptist Health International believes in the importance of the continued exchange of knowledge and development of relationships with students and physicians from around the world. The Observer program will provide the opportunity for participants to obtain an overview of the U.S. healthcare system, as practiced at Baptist Health.

- All non-U.S. citizens or permanent residents must complete the International Eligibility Form found on BaptistHealth.net/GME and email it to International@BaptistHealth.net prior to completing this application. Please indicate “International Observer Applicant” in the email subject line.
- Once applicants are notified of eligibility, they must complete the entire application and submit all required documentation to the Academic Affairs Office **two months** prior to their intended start date.
- Each applicant must obtain his or her own visa and it must be in force for the entire duration of the observership (i.e., B-1, B-2, J-1, H-1b or O-1 visa). Baptist Health will not sponsor visa applications.
- Upon submission of all required documents, and confirmation of eligibility, Baptist Health International will attempt to match the applicant with a Baptist Health sponsoring clinician.
- All non-U.S. citizens must provide a letter of support from their current academic institution or employer.
- At the completion of the program participants will receive a certificate of participation (upon request) from the Academic Affairs Office.

International applications will be reviewed by Baptist Health International. Due to hospital capacity constraints, priority will be given to applicants from Baptist Health’s service areas including Latin America and the Caribbean.

For more information, please contact the Baptist Health International Physician Relations department at 786-467-5442 or International@BaptistHealth.net

OBSERVER PROGRAM APPLICATION

Applicant Name (print): _____ Date of Birth: _____ Age: _____

Phone #: _____ Email Address: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Citizen or permanent resident of the U.S.? Yes ___ No ___ if 'No' country of residency _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

- | | |
|--|--|
| <input type="checkbox"/> High school student | <input type="checkbox"/> Undergraduate student |
| <input type="checkbox"/> Graduate health student (medicine, nursing, pharmacy, etc.) | <input type="checkbox"/> Resident/fellow without full professional license |
| <input type="checkbox"/> Not currently enrolled in school or training program | <input type="checkbox"/> Other: _____ |

- Are you now, or have you ever been, an employee of Baptist Health South Florida? Yes ___ No ___
- If yes, which entity and what was your last date of employment (or current)? Entity: _____ Date: _____

For the Sponsoring Clinician: Place a checkmark next to each facility observership will take place.
You may select facilities where you have clinical privileges or are employed.

- | | | |
|---|--|--|
| <input type="checkbox"/> Baptist Hospital of Miami | <input type="checkbox"/> Doctors Hospital | <input type="checkbox"/> Baptist Outpatient Services |
| <input type="checkbox"/> Bethesda Hospital | <input type="checkbox"/> West Kendall Baptist Hospital | <input type="checkbox"/> Dade <input type="checkbox"/> Broward <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Miami Cardiac & Vascular Institute | <input type="checkbox"/> Homestead Hospital | _____ (specify location) |
| <input type="checkbox"/> Miami Cancer Institute | <input type="checkbox"/> Mariners/Fishermen's | <input type="checkbox"/> Baptist Health Medical Group Office |
| <input type="checkbox"/> South Miami Hospital | Community Hospital | _____ (specify location) |

Requesting access to observe in an operating room? Yes ___ No ___

Observational period (mm/dd/yy) from _____ to _____ (maximum four weeks)

Sponsoring Clinician Name: _____ Department/Specialty _____

Sponsoring Clinician E-mail: _____ Mobile #: _____

Sponsoring Clinician Signature: _____ Date: _____

If shadowing multiple clinicians, please list them below:

NAME	SIGNATURE	DATE
_____	_____	_____
_____	_____	_____

Department Director Name*: _____ Date: _____

Department Director Signature*: _____ **Not required if sponsoring clinician is a physician*

**shadowing a nurse requires the approval of the department VP or above

CONTINUED ON NEXT PAGE

Acknowledgement of Confidentiality

Baptist Health South Florida takes seriously its obligations to maintain the confidentiality of patient information under federal and Florida privacy laws and regulations. As a participant of this program at a Baptist Health facility, you may inadvertently come in contact with patient information or organizational information because of your presence at a Baptist Health facility. By signing below, you acknowledge that, as a condition of your presence at a Baptist Health facility, you have read and agree to comply with our policies and procedures regarding the confidentiality of patient and business information, and the requirements set forth within the program handbook. Further, you agree not to record, discuss or otherwise divulge any patient or business information that you may come in contact with during your time in the program.

Consent to Participate

I give full and knowledgeable consent to fully participate in the Observer program. I understand that there are inherent risks involved with this program that the hospital cannot totally eliminate (including but not limited to exposure to infection, injury, unpleasant sights, sounds, odors, etc.) and by signing this do hereby agree to understanding those risks. Furthermore, by signing this I do hereby release Baptist Health South Florida, and any and all other agencies, personnel, or others involved from any and all liability including, but not limited to injury or illness that may occur during or after this activity. Applications from current and former employees will be reviewed by Human Resources.

I certify that I have read and understood all materials in the program handbook and application and agree to abide by all policies and procedures established within. I understand acceptance to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program. I understand the Observer program is a voluntary experience that does not constitute employment, medical education or any training leading to academic credit, licensure or board certification.

Applicant Name: _____

If under 18

Parent or Legal Guardian: _____

Applicant Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

APPLICATION CHECKLIST

Please return all documents listed below to the Academic Affairs Office two to eight weeks prior to the start of the observership unless circumstances allow a reduced time as approved by the facility. International applicants must submit documents two months prior. **Observership may not begin prior to clearance and notification from the Academic Affairs Office.**

- Two page program application completed and signed by sponsoring clinician
- Supplemental Health Information Resource Sheet completed and signed by a clinician
- Copy of health insurance card
- Copy of government-issued photo ID (driver's license, passport, military ID, etc.)
- Students: Proof of enrollment on school letterhead or email
- U.S. Citizen/Resident: Confirmation of successful background check within 1 year OR clearance letter from police department from county of residence
- Non-US Citizen/Resident - Letter of support from current academic institution or employer
- Administrative fee made payable to Baptist Health South Florida. (waived for current high school students)
- South Miami Hospital Compliance Training (if applicable)

Application:

Scan to Observer@BaptistHealth.net

Administrative fee:

- Credit Card: Call 786-467-2633

Applicant Name: _____

I. Immunizations

Immunization/Titer	Date of Vaccination or Titer
Measles	
Mumps	
Rubella	
Varicella	
Pertussis	

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

II. Tuberculosis (TB) Infection

Participant must successfully complete one of the assessments below and receive a negative test result, dated within 12 months prior to the program end date

Date PPD Test read	Result in MM**

Date of Negative QuantiFeron TB Gold Test

Date of Negative Chest X-ray

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

**PPD Results over 5 MM require proof of a negative chest X-ray or QuantiFeron TB Gold test

III. Annual Influenza Vaccination

Flu vaccination is required for any observer or intern participating from October 1 to March 30 each year.

Influenza vaccine administered by	Date Administered
Manufacturer	Lot #
Expiration Date	Site of injection

Reviewer name*	
Date	
Reviewer signature or Official Stamp/Seal	

IV. Exposures

Baptist Health has adopted CDC post exposure protocols which are available to any participant who may be inadvertently exposed at any Baptist Health facility. The protocols include, but are not limited to, Tuberculosis, blood borne pathogens, and influenza. By signing this form I understand my responsibilities in regards to items I - IV. Also, if I am inadvertently exposed to an infectious agent while at Baptist Health, for which there is a recommended exposure protocol, I can go to the facility's Emergency Department for follow-up care at my own expense.

I attest that I have read and understood the information above. Any information entered is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

*Reviewer must be a licensed physician (M.D. or D.O.), Advanced Practice Registered Nurse (APRN), Physician Assistant (P.A.) or a Registered Nurse (R.N.)