Texas Children's Short-Term Observership

An observership provides a unique opportunity for individuals to shadow healthcare provider at Texas Children's. Short-term observership opportunities are available to individuals that have obtained approval from a Texas Children's / BCM clinical team member or supervisor and have agreed to sponsor the observation experience. The onboarding and coordination of the observership is completed by the sponsoring department. Texas Children's Human Resources or Volunteer Services offices do not serve as a placement service for individuals who are interested in an observership or record Observer hours.

1. Click here to fill out the Texas Children's Observer application.
2. Complete all forms included in this packet and submit to sponsoring department contact.
    a. Submit/scan all documents in one email communication.
    b. Incomplete scans or emails with partial information will not be accepted.
3. The sponsoring department at Texas Children's Hospital will retain all forms.

OBSERVER COVER SHEET

NAME _____

EMAIL ADDRESS_____

PLACEMENT:

Department sponsoring Observer experience_____

TCH staff member or BCM physician sponsor_____

Sponsor phone_____

Prior Observer experience at TCH? _____

For office use

Health screen sent/faxed_____

Health screen cleared_____

BCM clearance_____

Observership- Onboarding Requirements Checklist

- ❑ Confirmed Texas Children's clinical team member or supervisor sponsor
- ❑ Completed Texas Children's Observership Application
- ❑ Completed Health Packet
  - ❑ Health History Questionnaire
  - ❑ Immunization Requirements
    - Tetanus/Diphtheria/PertussisTDap vaccine- Documentation of at least one (1) dose of tetanus-diphtheria-pertussis (Tdap), then Td booster every 10 years.
    - Measles (Rubeola)- Acceptable proof of prior immunization with two (2) doses of vaccine; or serologic confirmation of immunity.
    - Mumps- Acceptable proof of prior immunization with two (2) doses of vaccine; or serologic confirmation of immunity.
    - Rubella- Proof of prior immunization with one (1) dose of vaccine on or after first birthday; or serologic confirmation of immunity.
    - Varicella- Documentation of immunization, two (2) doses at appropriate interval or serologic proof of immunity. *Written physician documentation of disease history is acceptable.*
    - Influenza (Flu)- A dose of flu vaccine every flu season/ annually (September - March)
  - ❑ Tuberculosis- QuantiFeron TB Gold/T-Spot test results within the past 12 months is acceptable or TB skin test within the past 12 months.
    - If previous positive TB skin test; proof of positive TB test and a chest x-ray are required.
- ❑ Security background clearance
- ❑ Receive Observer badge
- ❑ Completed Privacy and Confidentiality Agreement
- ❑ Review Alternate Orientation
- ❑ Complete Clinical Observership department orientation

Other Onboarding Elements:

- ❑ Confirm schedule and start date with department sponsor
- ❑ Confirm parking information with department sponsor
- ❑ Review department specific dress code

Texas Children's®

OBSERVER HEALTH HISTORY QUESTIONNAIRE

Fax to Employee Health: 832-825-2141

TCH supervisor:_____

Phone Number:_____

Start Date: _____ End Date: _____

NAME_____ DATE_____

SOCIAL SECURITY #_____-_____-_____ AGE_____ MALE_____ FEMALE____

HOME PHONE #_____ DOB_____

E-MAIL ADDRESS: _____

PERSONAL PHYSICIAN'S NAME_____

PHYSICIAN'S PHONE_____

IN EMERGENCY, NOTIFY_____ PHONE#_____

PLEASE CHECK IF YOU HAVE HAD THE FOLLOWING IMMUNIZATIONS (dates if available) OR THE DISEASE:

[ ] Chicken Pox_____ [ ]or Vacicella Vaccine: #1_____ #2_____

[ ] Tdap (Tetanus/Diphtheria/Pertussis) (within 10 years) _____

[ ] Rubella (German Measles)_____
[ ] Rubeola (Red Measles)_____
[ ] Mumps_____

[ ]or MMR vaccine:
#1_____
#2 _____

*Submit a copy of your immunization record

*Please Note: in lieu of an immunization record, serologic confirmation of immunity (titers) for Rubella, Rubeola (Measles), Mumps, and Varicella (chickenpox) will be accepted.

PPD (Mantoux Tuberculin Skin Test)

Hospital policy requires a Mantoux Tuberculin Skin Test in the current calendar year.
The test must be read between 48 and 72 hours. The following information must be recorded:

Date Placed_____ Date Read_____

Negative_____ Positive/mm of induration_____

Signature & Title of Doctor or Registered Nurse reading the PPD Skin Test:

Name_____ Title_____
(Signature only, no stamp) (R.N. or M.D. only)

ARE YOU CURRENTLY PREGNANT? YES_____ NO_____

PLEASE LIST ALL PRESCRIPTION MEDICATIONS THAT YOU ARE CURRENTLY TAKING:

_____

Do you have any health concerns which might limit your ability to perform certain volunteer responsibilities:

Yes_____ No_____

If yes, please explain:_____

_____

_____

FOR EMPLOYEE HEALTH USE ONLY:

MD NOTE REQUESTED ☐ **CXR PENDING ☐**

Have you ever had or do you now have any of the listed conditions? Explain when and where a treatment was received for all "YES" answers in the space provided.

	NO	YES	EXPLAINATION OF ANSWER
Alcoholism			
Arthritis			
Asthma/Emphysema			
Back Trouble			
Breathing Difficulty			
Cancer			
Chest Pains			
Diabetes			
Drug Abuse			
Epilepsy/Seizure			
Fainting/Dizziness			
Hernia			
Hearing Problem			
Heart Problem			
Hepatitis			
High Blood Pressure			
High Cholesterol			
Knee, Foot or Ankle Problem			
Liver Disease			
Nervous Breakdown/ Psychiatric Illness or Treatment			
Obesity (overweight)			
Stroke			
Surgery			
Ulcers			
Vision Problem			
Other			

I hereby declare that my answers to the above questions are complete and true. I agree that any false statement shall be sufficient cause for dismissal. I hereby grant permission to Texas Children's Hospital to investigate any information included in this form, and to contact my personal physician (listed on page 1 of form) with regard to the information given. I understand that any information given to Texas Children's Hospital by either myself or my physician will remain confidential.

Signature of Observer_____ Date_____