



## Printed Name \_\_\_\_\_

Please list all known allergies:

☐ The following immunizations are up-to-date for me / my child:

- MMR (Measles, Mumps & Rubella). Positive antibody levels for this will also be acceptable.
- History of Varicella or Varivax (Chicken Pox or Chicken Pox Vaccine)
- Tetanus/Tdap

☐ I / my child will only participate in the Visiting Non-Clinician experience if free from infectious disease on the day of the program.

I shall and do hereby agree to indemnify and save WVUH and/or UHA, its directors, officers, employees, agents, servants, successors, and assigns harmless from any and all claims, demands, causes of action, liability damages, or loss, including reasonable attorneys fees and defense costs, which WVUH and/or UHA, may at any time sustain or incur by reason of any act or omission to act arising out of or related to my participation in the Visiting Non-Clinician experience.

Participant's Signature

Date \_\_\_\_\_

Printed Name

**If under 18 years of age, notarized signature of parent or legal guardian is required.**

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**Parent/Legal Guardian's Signature**

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### **3.11 Visiting Non-Clinician**

- 3.11.1** WVU Hospitals supports visiting non-clinicians by way of providing the individual with the ability to shadow a physician, dentist, or allied health professional with privileges at WVU Hospitals. Visiting non-clinician status shall be granted only after completion of the visiting non-clinician application; review of the “Information for Visiting Non-Clinicians” PowerPoint presentation; completion of the WVU Hospitals Confidentiality and Security Agreement; approval from the Department Chair; and obtaining a visitor pass from WVUH Human Resources. Upon departure, the visiting non-clinician must return the visitor pass to the respective department or WVUH Human Resources to be discarded.
- 3.11.2** Approved visiting non-clinicians will be accepted for a specified period of time. Visiting non-clinicians shall not and are not permitted to engage in the practice of medicine, dentistry, or the relevant allied health professional field. Visiting non-clinicians may be permitted by a physician, dentist, or allied health professional with privileges at WVU Hospitals to speak with and or interview a patient, be present for the examination of a patient, and be present in an operating/procedure room for a procedure on a patient. A visiting non-clinician may engage in the above activities only in the presence of a physician, dentist, or allied health professional with privileges at WVU Hospitals. The visiting non-clinician shall not at any time participate in a surgical case or procedure while observing in an operating/procedure room, or write in, dictate in or otherwise cause an entry to be made in the patient’s chart. The Department Chair shall assign a physician, dentist, or allied health professional with privileges at WVU Hospitals to accompany the visiting non-clinician.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, ss.:

On this day, personally appeared before me

\_\_\_\_\_,  
to me known to be the person(s) described in and who executed the within and foregoing  
instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed,  
for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_.