

ST. LUKE'S UNIVERSITY HEALTH NETWORK OBSERVER PROOF OF REQUIRED IMMUNITY

Name of Observer: _____

Name of St. Luke's Manager: _____

Welcome to St. Luke's University Health Network and its affiliates and facilities (hereinafter collectively referred to as St. Luke's). We are dedicated to protecting you and our patients from infectious diseases. To meet the requirements set forth by St. Luke's and OSHA, you will need documentation for the following test and health history before beginning your experience at St. Luke's.

- All observers must provide evidence of having the most current influenza vaccine.*

PLEASE NOTE:

If you have symptoms such as sore throat, runny nose, cough, muscle pain, fever, blood shot eyes, or rash, you must reschedule your observation experience.

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I verify that the above information is accurate to the best of my knowledge,

Signature of Observer Date

Signature of Parent/Legal Guardian (required if observer is under 18 years of age) Date

* If your observation or role requires patient interaction, observation during a patient procedure, or presence in patient care areas with immunosuppressed/immunocompromised patients when deemed to be a high risk exposure, you will need to complete the Observer Health History Requirements form in lieu of this form