

Observer/Outside Learner Checklist

Observer Information					
Observer Name:		Email Address:			
Date of Observership:		Phone Number:			
Sponsor Information					
BCM Sponsor Name:		Email Address:			
		Phone Number:			
Administrative Contact:		Email Address:			
		Phone Number:			
Location/Site for Observership:		Specialty:			
Affiliate:					
	<i>Affiliate Name</i>		<i>Address</i>		<i>City, State, Zip</i>
Department Compliance Checklist					
Identification Verification Completed:	DL	Passport	VISA (if international, visa status has been verified by ISO)		
Health Clearance Completed:	Immunization record on file (see policy for details)		Immunization attestation form complete		
	The observer attests to being able to produce the medical record containing the required immunization upon request				
PPE need determination:	Yes	No	If yes, list type(s) here and training needed:		
Education Clearance Completed:	Clinical Observership/Outside Learner Education Clearance Form Completed/Approved (if applicable)				
HR Functions Completed:	Created Position Request in Identity Management/Sponsored Guest Account		Received ID Badge from Security (N/A for single day observer)		
	Signed confidentiality Agreement on file				
Completed BCM Online Modules:	BCM Social Media Policy	Bloodborne Pathogens	Hazard Communication and Fire Safety	Title IX	BCM Social media policy
<p>Once completed, it is the responsibility of the initiating department to adhere to all BCM and affiliate institution policies and procedures for outside observers. Please refer to the BCM Policies and Procedures Manual to review the Observers and Observership Policy. For education questions, please contact Kaylie Johnson (Kaylie.Johnson@bcm.edu).</p>					

OBSERVER IMMUNIZATION RECORD CERTIFICATE OF COMPLIANCE

Observer/Learner Information

Name:		Date of Birth:		Email address:	
				Phone Number:	
Address:					
	<i>Address</i>			<i>City, State, Zip</i>	

I, the above named observer, attest to being able to produce my medical record containing the required immunization upon request.

Please check the appropriate box for each immunization below. Information provided must be based on medical records and not history only.

Vaccinations Required and Descriptions	Check Appropriate Box
A. Tetanus-Diphtheria-Pertussis (Tdap) <i>Received tetanus-diphtheria-pertussis (Tdap) booster within the last 10 years. Td is not acceptable</i>	<input type="checkbox"/>
B. M.M.R. (Measles, Mumps, Rubella) (please document each dose) <i>Serologic proof of immunity for each component; OR Immunized twice at 12 months or after</i>	<input type="checkbox"/>
OR INDIVIDUAL VACCINATIONS IN C, D and E below	
C. Measles (Rubeola) – If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR Immunized with live virus, twice</i>	<input type="checkbox"/>
D. Rubella – If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR One dose of vaccine on or after 1st birthday</i>	<input type="checkbox"/>
E. Mumps - If given instead of M.M.R., check appropriate item: <i>Serologic proof of immunity; OR One dose of vaccine on or after 1st birthday</i>	<input type="checkbox"/>
F. Varicella (Chickenpox) Check appropriate item: <i>Serologic proof of immunity; OR Immunization (2 doses)</i>	<input type="checkbox"/>
G. Tuberculosis <i>PPD (Mantoux) test or IGRA blood test within 1 year prior to your start date. (Tine/Monovac not acceptable). If test is positive, chest x-ray is needed within 1 year prior to your start date</i>	<input type="checkbox"/>
H. Hepatitis B – Check box only if all 3 shots have been confirmed as administered <i>Serologic proof of immunity; OR Immunization (3 doses at appropriate intervals)</i>	<input type="checkbox"/>
I. Influenza Vaccine <i>Must have flu vaccination proof during the period between September 1st – April 1st</i>	<input type="checkbox"/>
J. COVID Vaccine <i>Must have COVID vaccination proof of initial series and appropriate boosters</i>	<input type="checkbox"/>

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