Waiver for Visitors Observing in Clinical Areas

In order to assure the clinic(s) you will be entering are prepared for your arrival, this waiver details requirements that you must provide and procedures you must follow in order to protect the University and the staff, faculty and patients it serves. Observers will be allowed one day of shadowing.

1.) All observers in clinical spaces must provide proof of their immunization status before being accepted to enter the clinical areas of the dental school. This is imperative to ensure the current medical surveillance program is not compromised as well as protecting the safety of individual and PDM patients, students and faculty. Each visitor must provide proof of measles, mumps, rubella, and varicella vaccination. Hepatitis B vaccination is recommended, but can be declined. A Hepatitis B Declination Waiver must accompany declination. Proof of negative tuberculosis screening within the past 12 months is required. In addition, proof an Influenza vaccination for the current influenza season (annually recognized as October 1st through March 31st) is a mandatory requirement.

2.) You must get approval from Clinical Affairs before having access to this area. You are limited to this clinic area. Should you request admittance to any other clinical areas, you must get the approval from the Director of that clinic and they must also sign this waiver.

3.) You must agree not to interfere with any patient treatment and not to handle any dental instruments.

4.) You must agree to wear appropriate personal protective equipment, as directed by the clinic staff, and follow all PDM policy on the disposal/sanitation of said materials.

5.) You must agree to follow all Penn Dental Medicine and University rules and regulations, including those regarding infection control and safety, patient confidentiality based on HIPPA and the policies and procedures of the Institutional Review Board (IRB)

I understand and agree to the information mentioned above:

Observer’s Printed Name & Date ____________________________ Legal Guardian’s Printed Name & Date (If under 18 yrs) ____________________________

Observer’s Signature ____________________________________________ Legal Guardian’s Signature ____________________________________________

I approve of ____________________________________________ to observe in the ____________________Clinic.

Signature of Group Leader/Clinic Faculty: ____________________________________________

Date/session for observation: ____________________________

If shadowing a particular student or faculty member, the Group Leader must sign above indicating approval of the shadowing experience. Prior to the beginning of the clinic session this form must be given along with the required immunization documentation to the Clinical Affairs Office.

Crawford/Schwartz
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