

## Waiver for Visitors Observing in Clinical Areas

In order to ensure 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 students/staff/faculty/patients it serves.

All observers in clinical spaces must provide proof of their immunization status before gaining access to the clinical areas of the dental school. This requirement is imperative to ensure the current medical surveillance program is not compromised as well as protecting the safety of the visitor and PDM patients, student body, staff, and faculty. Proof of a negative tuberculosis screening within the past one year of visiting the University is required. In addition, proof of an Influenza vaccination for the current Influenza season (annually recognized as October 1<sup>st</sup> through March 31<sup>st</sup>) is a mandatory requirement.

1.) You must receive approval from the Office of Clinical Affairs prior to gaining access to the clinical area. You are limited to this clinic area.

2.)

I approve of \_\_\_\_\_ to observe in the \_\_\_\_\_ Clinic.

Signature of Clinic Director/Dept. Chair: \_\_\_\_\_

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

4.) You must agree to wear appropriate personal protective equipment, as per current PDM policy, and follow all PDM policies on the disposal/sanitation of said materials.

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

*I understand and agree with the requirements stated above.*

\_\_\_\_\_  
Observer's Printed Name & Date

\_\_\_\_\_  
Legal Guardian's Printed Name & Date

\_\_\_\_\_  
Observer's Signature

\_\_\_\_\_  
Legal Guardian's Signature

## Approval Flow: Waiver for Visitors Observing in Clinical Areas

Observers will be allowed one full day or two clinic sessions (AM or PM) of shadowing. This form must be returned to the Office of Clinical Affairs for approval at least **2 weeks** in advance of the requested observation date(s).

Visitor Name: \_\_\_\_\_

Date(s) and session(s) of observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinic(s) for observation: \_\_\_\_\_

- Copy of Driver's License/State Issued Identification Card or Passport
- Proof of vaccinations (Must be translated into English):
- Measles
- Mumps
- Rubella
- Tdap: within the last 10 years
- Varicella

(Documentation of illness does not meet this requirement. Varicella Titer must be completed. If there is no immunity, the series must be started over)

- Hepatitis B
- Tuberculosis: PPD skin test or QFT blood test

(Chest X-Ray does not satisfy the requirement. If you have history of BCG, you must obtain a QuantiFERON QFT test)

- Influenza (for visits October 1<sup>st</sup> - March 31<sup>st</sup>)
- COVID-19 Vaccination
  - 2 doses of monovalent vaccine.
  - One dose of bivalent vaccine.
  - One dose of Janssen vaccine.

Signed Agreement to Appropriately Use Confidential Information  
Faculty-signed Waiver for Visitors Observing in Clinical Areas

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*For Clinical Affairs use only:*

Date submitted to Clinical Affairs: \_\_\_\_\_

Not approved: \_\_\_\_\_

I approve of the above-named visitor to observe in the \_\_\_\_\_ Clinic.

\_\_\_\_\_  
Associate Dean of Clinical Affairs

\_\_\_\_\_  
Date

## Waiver for Visitors Observing in Clinical Areas

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 full day or two clinic sessions (AM or PM) of shadowing.

- 1) All observers in clinical spaces must provide proof of their immunization status before entering 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 the observer and PDM patients, student body, faculty, and staff.

1.) Each visitor must provide proof of the following:

- Copy of Driver's License/State Issued Photo Identification Card or Passport
- Proof of vaccinations **(Must be translated into English)**:
- Measles
- Mumps
- Rubella
- Tdap: within the last 10 years
- Varicella

**(Documentation of illness does not meet this requirement. Varicella Titer must be completed. If there is no immunity, the series must be started over)**

- Hepatitis B
- Tuberculosis: PPD skin test or QFT blood test

**(Chest X-Ray does not satisfy the requirement. If you have had BCG, you must obtain a QuantiFERON QFT test)**

- Influenza (for visits October 1<sup>st</sup> - March 31<sup>st</sup>)
- COVID-19 Vaccination
  - 2 doses of monovalent vaccine.
  - One dose of bivalent vaccine.
  - One dose of Janssen vaccine

- 2.) You must obtain approval from the Associate Dean of Clinical Affairs prior to accessing any clinical areas. You are limited to the clinic area for which you have been approved to observe. Should you request admittance to any other clinical areas, you must obtain 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 Penn Dental Medicine policies 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, and patient confidentiality based on HIPAA.

*I understand and agree to the information mentioned above:*

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

\_\_\_\_\_  
Legal Guardian's Printed Name (If visitor is under 18 years old)

\_\_\_\_\_  
Visitor's Signature

\_\_\_\_\_  
Legal Guardian's Signature (If visitor is under 18 years old)

.....  
*For Penn Dental use only:*

I approve of the above-named visitor to observe in the \_\_\_\_\_ clinic.

Date(s) and session(s) of observation: \_\_\_\_\_

Group Leader/Clinic Faculty Signature: \_\_\_\_\_

### Visitor's Agreement to Appropriately Use Confidential Information

As a visitor to Penn Dental Medicine at the University of Pennsylvania, I may encounter confidential and valuable data and/or use of data/voice systems. These data include, but are not limited to, Protected Health Information as described in the Federal Health Insurance Portability and Accountability Act. In order to ensure the security and proper use of confidential information and school resources, I agree to:

- I. Safeguard any and all patient information in my possession, regardless of format;
- II. Access only the minimum necessary information required in the course of my observation;
- III. Maintain in strictest confidence any data to which I have access. I understand that any confidential information must not be shared in any manner with others who are unauthorized to view such data;
- IV. I understand that the use of Penn Dental Medicine's systems and their data for personal purposes is prohibited;
- V. I understand that the use of patient protected health information (PHI) and other confidential data for personal purposes is prohibited;
- VI. Store confidential data in a place that is physically secure from access by unauthorized persons;
- VII. Keep all confidential material in its designated work area, never removing any PHI from Penn Dental Medicine;
- VIII. Dispose of confidential information in an approved method of destruction and never dispose of such information in a wastebasket or recycling bin.

I understand that any misuse or abuse of confidential information, abuse of access to the School's systems and their data, any illegal use or copying of software or patient numbers, or any misuse of the School's equipment may result in loss of access to the School's systems. Violations of this policy may result in termination of my observers and disqualification from future Penn Dental Medicine observation activities.

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Visitor's Printed Name

Date

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Visitor's Signature

**Waiver for Visitors Observing in Clinical Areas**

Date: \_\_\_\_\_

Name of observer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Observer,

On behalf of the University of Pennsylvania School of Dental Medicine, we welcome you as an observer to our school and clinics! Please take a moment to review this letter, which contains references to some of Penn Dental’s policies and procedures. After you are done, please sign in the space provided below and return a copy of this letter to your contact person at Penn Dental.

Your observer or volunteer experience will take place in:

\_\_\_\_\_  
(Name of clinic, lab, etc.) During

the period:

\_\_\_\_\_  
(Start and end dates) Your

contact person is:

\_\_\_\_\_  
(Name of sponsor)

Observers are required to adhere to all Penn Dental policies and procedures, including but not limited to safety policies. If you intend to observe work in the clinic or laboratory, you will be given some basic clinical or laboratory safety training. Completing this training is an essential condition of your coming to Penn Dental.

The University and Penn Dental maintain a number of policies established during the COVID-19 pandemic intended to reduce the incidence of disease in our community. If you are not fully vaccinated, prior to arriving on campus, each day you must complete a daily symptom screening tool, and when indoors, you must observe distancing requirements and wear an approved face covering.

Observers and volunteers assume all risks associated with their experience at Penn Dental. By entering and remaining at Penn Dental, you knowingly and voluntarily assume the risk of any illness, injury, or death arising out of or relating in any way to exposure to hazards at the University and/or Penn Dental, including but not limited to COVID-19; this includes negligence on the part of the University and/or Penn Dental and/or their faculty, employees, students, and agents. Further, you agree to release the University and/or its faculty, employees, students, and agents from any claims or liability arising out of your experience at Penn Dental.

If you have any questions or concerns regarding the above, please do not hesitate to contact Ms. Kimberly Wolcott, Dr. Najeed Saleh or Dr. Todd Singer.

Once again, we welcome you to Penn Dental, and wish you an enjoyable and rewarding experience!

Sincerely,



Mark S. Wolff, DDS, PhD  
Morton  
Amsterdam Dean  
University of Pennsylvania  
School of Dental Medicine

ACKNOWLEDGED AND AGREED:

\_\_\_\_\_  
(Signature of observer)

Dated: \_\_\_\_\_

c: Najeed Saleh, DDS Ms.  
Kimberly Wolcott  
Sean Burke, Esq.