

SECURITY REQUEST FORM/ACADEMIC OBSERVERS:

I hereby request a temporary ID badge for Observer:

Academic Observer's Name: _____
(please print)

Address: _____

Contact Number: _____

Host Department: _____

Primary Hospital Affiliation: _____

Start/End Dates: _____

I have verified and have a record of the following:

- Positive Photo Identification of the physician/academic observer**
- Signed Observer Agreement**

Chairman of Department: _____ **Contact#:** _____
Or Chief of Service (signature)

Date: _____

Original: Security Office
Copy: Clinical Department

**NYU Hospitals Center
New York University School of Medicine
Observer Agreement**

Department: _____

Observer Name: _____

Observership time period: _____ to _____

(1) Observer will not receive any academic credit for this experience and will not be considered a student, resident, fellow or trainee of the Department of _____ of New York University School of Medicine (“School”).

(2) Observer will not be considered an employee/staff member of NYU Hospitals Center (“Hospital”) and will not be entitled to salary, benefit, and reimbursement of expenses or other compensation. Observer acknowledges that he/she does not perform any services on behalf nor at the direction of the School or Hospital. Observer understands that he/she will not be provided with liability or medical insurance nor qualify for workers compensation benefits if injured during the course of the observership. Observer certifies that he/she has health insurance coverage which is valid in the United States.

(3) Observer will not provide medical care to patients which includes but not limited to performing the following functions: Take a medical history, perform physical examination, diagnose and treat a patient’s condition, prescribe and administer drugs, write notes or orders in patient’s chart, perform and assist in a procedure, bill for services rendered. Observer acknowledges that providing medical care to patients in violation of this Agreement may result in civil liability, licensing sanctions and criminal penalties.

(4) Observer understands that he/she must be accompanied by an attending physician of the Hospital when observing patient care activities. Observer has no independent access to patients or to patient records (electronic or hard-copy).

(5) Observer must wear a temporary ID badge with an “**Observer**” label and must return the temporary badge to the Department Administrator after the term of the observership.

(6) Observer attests to having had a health status assessment which complies with all applicable New York State rules and regulations, including, without limitation, 10 NYCRR Section 405.3 and any amendment thereto, as would otherwise be evidenced by a completed Health Certification Form, in the form annexed hereto as Appendix A. Observer agrees to refrain from patient care observation at any time Observer has an infectious disease or condition that could be transmitted to patients.

**NYU Hospitals Center
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(7) Observer, the Hospital or the School may terminate this Agreement at any time and for any reason prior to the scheduled conclusion of the observership by providing written or oral notice to the other party. Observer acknowledges that there are no grievance, appeal or other due process procedures available to challenge the termination of an observership experience or Observer Agreement.

(8) Observer agrees to comply with all applicable policies and procedures of the Hospital and the School, including but not limited to policies on Academic Observers and protecting patient confidentiality. Observer will not disclose or discuss patient identifiable information with any persons except in accordance with applicable law, Hospital and School policies and with the approval of other healthcare providers involved in the patient’s care as needed to facilitate the observership experience. Observer further acknowledges that the obligation to protect patient confidentiality remains in effect after this Agreement ends.

(9) **Release of Liability:** Observer releases NYU Hospitals Center, the New York University School of Medicine and its affiliates, trustees, officers, employees and agents from any responsibility or liability for personal injury, including death, and damage to or loss property that Observer may incur due to negligence of the Hospital or School and its affiliates, trustees, officers, employees and agents arising while Observer is in the Hospital.

OBSERVER:

CHAIRMAN/CHIEFOF SERVICE:

(signature)

(signature)

(Print or type name)

(Print or type name)

Date: ___/___/___

Date: ___/___/___

CHIEF MEDICAL OFFICER:

(signature)

Robert Press, M.D.

Date: ___/___/___

APPENDIX A

OBSERVER HEALTH STATUS ASSESSMENT

Name: _____

The attestation in Paragraph 6 of the “NYU Hospitals Center and New York University School of Medicine Observer Agreement” certifies that the Observer:

- 1) is in good health as determined by a recent physical examination of sufficient scope to ensure that Observer is free from health impairments which may be of potential risk to patients or others or which may interfere with the performance of Observer's duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter behavior;
- 2) has received immunization for rubella, consistent with good medical practice, except that women of child-bearing age shall have a screening test approved by the New York State Department of Health to be followed by immunization as appropriate (if applicable, date immunization completed: _____);
- 3) if born on or after January 1, 1957, has proof of immunity to measles (rubeola) as described below:
 - (a) diagnosis by a physician as having had measles disease;
 - (b) demonstration of serologic evidence of measles antibodies; or
 - (c) two doses of live virus measles vaccine, first dose administered on or after the age of 12 months and second dose administered more than 30 days after the first dose but after 15 months of age (date immunization completed: _____)

If immunization with measles (rubeola) or rubella vaccine may be detrimental to Observer's health, the nature and duration of the medical exemption is explainable. The requirements relating to immunization for measles (rubeola) and rubella shall be inapplicable until immunization is found no longer to be detrimental to Observer's health;

- 4) has received a ppd (Mantoux) skin test for tuberculosis:
Date of test: _____ Results: _____
- 5) (check one)
_____ has received the Hepatitis B vaccination (date completed: _____);
_____ has commenced the Hepatitis B vaccination protocol (date commenced: _____);
_____ is immune to Hepatitis B; or
_____ has declined to be vaccinated against Hepatitis B.

