



Visiting Observer Request Form

Please submit request form to VisitingObserver@stanfordhealthcare.org

| 1. | Is this request | for one visiting | observer? If not | how many? | | |
|-----|-----------------|---------------------|--------------------|--------------------|---------------------|---------------------|
| 2. | What is the na | ame(s) of the pro | ospective visiting | observer? | | |
| 3. | Is the prospec | ctive visiting obse | erver over the ag | e of 18? | Yes | No |
| 4. | Is the visiting | observer part of | any formal educ | ation program th | nat would result | in a certificate or |
| | degree from S | Stanford Universi | ty? | Yes | No | |
| 5. | Is the prospec | ctive visiting obse | erver employed b | by one of the hos | spitals, e.g. Stanf | ord Health Care |
| | or Stanford Ch | nildren's Health, | as opposed to th | ne School of Med | licine or Stanford | d University? |
| | | Yes | No | | | |
| 6. | Is the prospec | tive visiting obse | erver currently w | orking as a volur | nteer in any Stan | ford Health Care |
| | facility? | Yes | No | | | |
| 7. | Is the prospec | tive visiting obse | erver a member o | of the media or c | on staff at any pu | ıblication? This |
| | includes any s | cientific or acade | emic journals. | Yes | No | |
| 8. | Is the prospec | tive visiting obse | erver employed b | oy a pharmaceut | ical or medical d | evice company? |
| | | Yes | No | | | |
| 9. | Please select t | the option that b | est describes the | e visiting observe | er: drop down | |
| 10. | Can you briefl | y describe the in | dividual's intend | led purpose for o | bserving here at | t SCH/SHC? |





11. Please provide the name, job title, and department of the host.

| 12. | . Please provide the name of the department chair or clinic manager. | | | | | | |
|--|--|--|--|--|--|--|--|
| 13. | Please provide the name and address of the hospital department or facility in which the | | | | | | |
| | prospective visiting observer wishes to observe. | | | | | | |
| | | | | | | | |
| 14. | Please provide the specific location within the hospital department in which the prospective | | | | | | |
| | visiting observer wishes to observe. | | | | | | |
| | | | | | | | |
| 15. | 5. This prospective visiting observer will be observing the care of: | | | | | | |
| | Adult patients | | | | | | |
| | Pediatric patients | | | | | | |
| | Both | | | | | | |
| 16. | . What are the proposed dates and/or length for the visit? | | | | | | |
| 17. | 7. If this visit is approved, does the host understand that they will be responsible for obtaining a | | | | | | |
| | patient authorizations required for this visit? Yes No | | | | | | |
| 18. If this visit is approved, does the host understand that the visiting observer must be | | | | | | | |
| | at all times while in patient care areas? Yes No | | | | | | |
| | | | | | | | |
| 19. | 9. As a courtesy, has an administrator in the hospital department where the visitor will be | | | | | | |
| | oserving been made aware of this potential visiting observer and the proposed dates of the | | | | | | |
| | observership? Yes No | | | | | | |
| | | | | | | | |