



**CLINICAL OBSERVATION
COVID-19 CHECKLIST**

Requirements

Date

1. Observation of Patient Care Policy reviewed
2. Follow Governor’s Guidance for Travel/Quarantine and confirmed by Department of Educational Placements _____
3. Observation of Patient Care forms and required documentation _____
 - a. Observation Request Form
 - b. TB Attestation or TB documentation
 - c. Influenza documentation (Applicable 10/1 – 3/31)
 - d. Copy of government issued Photo ID
 - e. Consent and Release for Sponsoring Staff
 - f. Consent and Release for Observer
 - g. Confidentiality Statement (UC Health HIPAA)
 - h. Consent and Release for Observers (16-18 years of age) *if applicable*
4. COVID-19 PDF modules reviewed (3 modules - COVID, PPE, Self Screening) _____
5. Required PPE (*to be provided by individual or department*) _____
 - a. Mask
 - b. Eye protection (goggles or face shield)
6. Observation Badge _____
 - a. Requested
 - b. Obtained the day of observation
7. Attestation reviewed, signed and submitted _____