A job shadow experience at Mahaska Health gives students considering careers in the healthcare field a meaningful introduction to the world of healthcare. It provides students with awareness of the academic, technical and personal skills required by particular jobs in the healthcare environment.

Our patients’ confidentiality, safety and care as well as the safety of the job shadow student are our utmost concern. Each student will be educated on HIPAA (Health Insurance Portability and Accountability Act) and the importance of safeguarding protected health information related to patient care.

Job shadow opportunities are limited to certain areas within Mahaska Health including: Medical Group, Registration, Laboratory, Radiology, Cardiopulmonary Services, Physical and Occupational Therapy, Inpatient Services, Marketing, Human Resources and Information Technology.

Students must dress appropriately in business casual attire with closed toed shoes and no visible tattoos or facial piercings. Students must present school ID badge which will be worn during Job Shadow. Cell phones are prohibited during Job Shadowing.

Mahaska Health must receive a completed Job Shadow Application seven (7) days in advance. Completed applications can be faxed, emailed or hand delivered to Human Resources. Students are also required to complete a student packet with Human Resources prior to Job Shadowing.

**Contact Information:** Crystal Harsin, Human Resources
1229 C Ave. E, Oskaloosa, IA 52577
Phone: 641-672-3213
Fax: 641-672-3126
charsin@mahaskahealth.org

Name: ____________________________ Date: ____________________________
Address: ____________________________ Telephone: ____________________________
Email: ____________________________
Emergency Contact: ____________________________ Telephone: ____________________________
Relationship: ____________________________
School: ____________________________ Teacher: ____________________________
Year in School: ________ (i.e. Jr, Sr) Must be current with school required immunizations to include the flu shot: ______ Yes ______ No

Please list your top 3 areas of choice. We will do our best to match your preference.

1. ____________________________
2. ____________________________
3. ____________________________

Guardian Signature: ____________________________ Date: ____________________________