

**Houston Physicians' Hospital
Observer Profile and Checklist**

Name (First, Middle Initial, Last): _____

Gender (check one): Male Female Date of Birth: _____ Last 4 digits of SS#: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Affiliated with Houston Physicians? YES NO

If yes, where? _____

In case of Emergency, please notify:

Name: _____ Cell/Work Phone: _____

Relationship to Observer: _____

Documentation Checklist for Observers:

- Observer Profile & Checklist (*this form*)
- Observer Application (*if not already submitted*)
- Statement of Responsibility
- Confidentiality & Security Agreement
- Signed HPH Clinical Orientation Acknowledgement Form
- Copy of active Driver's license & Healthcare Professional license (if applicable)
- Documentation of a current/annual Influenza Vaccination
(applicable between Nov. 1st – March 31st)
- COVID Vaccination (please check one) _____ yes _____ no

Please return all document to:

Heidi Wrights and/or Sheryl Monroe in person or via email at education@hphtx.org

You will receive an email confirmation when all paperwork has been turned in correct and complete.