



## Observer Program Participant Information Sheet

This is **NOT** an application—this information sheet is to be completed at the beginning of an Observation Shift. Applications to observe with LifeMed are available at [www.LifeMedAlaska.com](http://www.LifeMedAlaska.com)

This form *must* be completed and delivered or faxed to dispatch (402-952-2385) and the office (907-563-6636) prior to departing on any transports. Section B must be completed and all items initialed by both the participant and a crewmember prior to any flights.

Date \_\_\_\_\_ Base \_\_\_\_\_ Medical Crew \_\_\_\_\_

### A. Participant Data and Release

Full Name \_\_\_\_\_ Height \_\_\_\_\_ Blood Type \_\_\_\_\_  
Address \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ Eye Color \_\_\_\_\_  
Phone \_\_\_\_\_ Distinguishing Markings (tattoo, birthmark, etc) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Medical History/Medications/Allergies \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Hospital/EMS Agency Affiliation \_\_\_\_\_

**Release:** I, \_\_\_\_\_, waive all claims for injury or damage to myself, persons, or property resulting from (1) any accident in or about the Aircraft or Flight, (2) any accident relating to the Aircraft or Flight, or (3) any injury or damage resulting directly or indirectly from any act or negligence of any other person. I acknowledge there are no warranties, and assume the risks involved in this activity, and, further, will indemnify and hold LifeMed Alaska, LLC, Providence Health and Services Alaska, and Yukon Kuskokwim Health Corporation harmless from and against any potential liability.

I hereby acknowledge that I have requested permission from LifeMed Alaska, LLC, to observe the activities and procedures of the LifeMed medical transport team. The observational experience will include accompanying the LifeMed flight team on fixed-wing aircraft, helicopters, and/or ground ambulances during medical transports.

(Initial here \_\_\_\_\_) I recognize that this observational experience is voluntary on my part, that I have no privilege to practice on any patient encountered by LifeMed Alaska, and that I will not be participating in providing any direct patient care.

It is the policy of LifeMed Alaska that the integrity of patient confidentiality and hospital information be maintained. I agree to refrain from discussing patient history, condition or diagnosis with anyone, even in casual conversation. No person observing with LifeMed Alaska is to disclose, discuss or use information relating to any patients and/or families or LifeMed Alaska.

(Initial here \_\_\_\_\_) I attest that I have completed a COVID-19 vaccination and at least 14 days have passed since the last dose in the series, and I have brought an N-95 rated mask of a type that I have fit tested for, and documentation of a current fit test is on file with my home agency.

\_\_\_\_\_  
Signature of Observer / Date

**B. Orientation.** Complete or discuss. Each item must be initialed by both observer and crew member:

Crew Obs

\_\_\_\_\_ Base Tour  
\_\_\_\_\_ Helmet Fitting

#### Personnel Duties

\_\_\_\_\_ Interfacility Flights  
\_\_\_\_\_ Scene Flights  
\_\_\_\_\_ Observer Role

#### Aircraft Orientation

\_\_\_\_\_ Approaching/Entering the Aircraft  
\_\_\_\_\_ Operation of Doors  
\_\_\_\_\_ Operation of Seatbelts  
\_\_\_\_\_ Operation of Stretcher  
\_\_\_\_\_ Use of Intercom/Sterile Cockpit  
\_\_\_\_\_ Emergency Egress Procedures  
\_\_\_\_\_ Location of Life Preservers  
\_\_\_\_\_ Location of Medical Equipment