



# 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)

The front of 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 should be completed and all items initialed by the participant and a crewmember during the normal daily check-off.

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, or 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.

I recognize that this observational experience is solely 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. (Initial here \_\_\_\_\_)

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 to LifeMed Alaska.

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

## B. Orientation

Complete or discuss and initial each item:  
crew obs

\_\_\_\_\_ Base Tour

\_\_\_\_\_ Helmet Fitting

### Personnel Duties

\_\_\_\_\_ Interfacility Flights

\_\_\_\_\_ Scene Flights

\_\_\_\_\_ Observer Role

### Aircraft Tour

\_\_\_\_\_ Approaching the Aircraft

\_\_\_\_\_ Operation of Doors

\_\_\_\_\_ Operation of Seatbelts

\_\_\_\_\_ Use of Intercom/Sterile Cockpit

\_\_\_\_\_ Emergency Egress Procedures

\_\_\_\_\_ Location of Life Preservers

\_\_\_\_\_ Location of Medical Equipment

\_\_\_\_\_ Stretcher Operation