

Purchase AHEC Pre-Health Professions Shadowing Request Form

Student Information

Name: _____ Date: _____

Birthdate: _____ M# _____

Email Address: _____ Cell: _____

May AHEC text you about shadowing?

YES NO

Hometown (City & County): _____

Emergency Contact & Phone: _____

Classification: Freshman Sophomore Junior Senior Other

Interest

What type of health professional would you prefer to shadow (give at least one):

1st Choice:

2nd Choice:

Availability

I want to shadow during Fall Break; Dates: _____

I want to shadow during Spring Break; Dates: _____

I want to shadow during Winter Break; Dates: _____

I want to shadow during Summer Break; Dates: _____

I want to shadow during the semester (please mark available times below)

Please select the days and times you are available to shadow during the semester:

| Day | MON | TUE | WED | THUR | FRI |
|---------|-----|-----|-----|------|-----|
| Time(s) | | | | | |

Locations

Are you able to travel to a facility outside of Murray, providing your own transportation?

Yes, I have my own transportation and I am willing to travel.

Preference: Paducah Marshall Mayfield

No, I would ONLY be able to shadow in Murray.

Please return your completed form to: Shanna Burgess, 233 Wells Hall. Every effort will be made to arrange a shadowing opportunity with a medical field of your choice.