



University of Tennessee College of Medicine Chattanooga  
**MEDICAL EXPLORATIONS**

*RULES & REGULATIONS*

- Participants will be expected to maintain a professional attitude at all times and in all locations (including cafeteria, offices and patient care areas) displaying kindness and courtesy to employees, patients and visitors.
- Participants will undergo mandatory training in patient confidentiality and proper behavior in a medical setting.
- Participants will be expected to report on time to prearranged areas for sign-in.
- Participants will be expected to call in a timely manner if they are ill or cannot attend due to a family emergency or other pressing matter.
- Clothes can be casual but must be neat and clean, with clean and appropriate footwear - no sandals, flip-flops or high heels. Occasionally, participants may be asked to “dress out” in hospital-supplied scrubs.
- Long hair must be neatly-styled, preferably pulled back.
- No large earrings, large bracelets, large necklaces or large rings.
- No perfume or cologne, chewing gum or smoking.
- Participants will be subject to the same health screenings as physicians, employees and volunteers of Erlanger Health System. This will include proof of immunizations, a TB test and physician release form. (All to be completed upon acceptance to the program.)

I have read the above rules and regulations and understand I must agree to adhere to them if I am to be considered for participation in the “Medical Explorations” program.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

***Parent or Guardian:***

I hereby give my permission for \_\_\_\_\_ to participate in  
(student’s name)

the “Medical Explorations” program offered by UTCOM Chattanooga at Erlanger. I understand the activities to be done at the hospital have the approval of UTCOM Chattanooga and Erlanger officials and the advisors of this program.

\_\_\_\_\_  
Parent or Guardian (Printed)

\_\_\_\_\_  
Parent or Guardian Signature

Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_