



Indiana University Kokomo Radiographic Sciences

**Job Shadow Observation Verification**

Student Name: \_\_\_\_\_

Visitation Site: \_\_\_\_\_ Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Approximate total hours of observations: \_\_\_\_\_

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions/concerns regarding this individual's time at your facility, please contact: [dobeving@iuk.edu](mailto:dobeving@iuk.edu).

**Procedures Observed**

Procedure	# Observed	Procedure	# Observed
Chest		Abdomen	
Upper extremities		Lower extremities	
Digital (DR)		Computed Radiography (CR)	
Thorax: Ribs		Age Related: Geriatric study	
Cervical Spine		Age Related: Pediatric study	
Thoracic Spine		Lumbar spine	
Pelvis		Hip	
Fluoroscopy: Upper/Lower GI		Special Procedures: HSG, Myelogram, Arthrogram	
Mobile/Portable/Bedside		Computed Tomography (CT)	
MRI		Ultrasound	
Nuclear Medicine			
Other -			