



DEPARTMENT OF ORTHOPAEDICS  
4860 Y STREET, SUITE 3800  
SACRAMENTO, CALIFORNIA 95817

UC DAVIS HEALTH SYSTEM

UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM  
CONFIDENTIALITY AGREEMENT

I understand and agree as follows:

That confidentiality is vital to the free and candid communication necessary for effective medical education at the University of California, Davis Health System;

That I shall respect and maintain the confidentiality of all discussions, deliberations, patient records, and any other information generated in connection with these activities;

That I shall only disseminate the foregoing where expressly required by law. I shall make no voluntary disclosure of such discussions, deliberations, records, and information except to persons authorized to receive it in the conduct of UCDHS business;

That in the event of a breach or threatened breach of this confidentiality agreement, the University may, as applicable and as it deems appropriate, pursue any action available to address such noncompliance.

Observer signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Observer Cell Phone # \_\_\_\_\_ Observer Email Address \_\_\_\_\_

Observation Time Frame to equate to less than 30 days: From: \_\_\_\_\_ To: \_\_\_\_\_

Observation Location(s): \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Date rcvd by Shirl Fischer and faxed Observation Dept Mgr: \_\_\_\_\_

Department Contact: Shirl Fischer, Orthopaedic Academic Affairs 916.734.5875. **Please fax this completed form to Shirl Fischer at 916.734.2991**

**FLU IMMUNIZATION PLAN FOR PERIOD 12/1/2009-3/31/2010 OR STATEMENT**

1. I plan to be vaccinated at UC Davis Med Ctr/Employee Health on \_\_\_\_\_ and will notify my Faculty Sponsor/Shirl Fischer ([shirl.fischer@ucdm.ucdavis.edu](mailto:shirl.fischer@ucdm.ucdavis.edu)) when start and complete.

2. This statement affirms that I have been vaccinated elsewhere with the most recently available seasonal influenza and H1N1 influenza vaccine. I am submitting proof of immunization with this confidentiality agreement.

Observer signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_