



REQUEST TO OBSERVE PATIENT CARE
Health Science Center and Affiliated Entities

GROUP OBSERVATION ROSTER

Complete the required information and attach this roster to the Request to Observe Patient Care form.

GROUP NAME: _____ SPONSOR: _____

DATE(S) OF GROUP OBSERVATION: _____

(Fill in the names and addresses of those who will be attending)

Table with 3 columns: Print Name, Print Address, Signature. Multiple empty rows for data entry.

Attendees sign in beside name and address. Make corrections, if needed.