$\label{eq:continuous} \textbf{UC Riverside, School of Medicine Policy - Specific Form}$

Policy Number: 950-02-008 Form Number: 950-02-008-02

ATTACHMENT B



STATEMENT OF CASUAL CLINICAL OBSERVER

I,	(Print Observer's Name), acknowledge that as
a Casual Observer:	· · · · · · · · · · · · · · · · · · ·
I understand that I must be accompanied by a UCR Hea	Ith Staff member at all times when in a Clinical area.
Signature	Date
Print Name	

Form Number: 950-02-008-02