



MERCY/ST. LUKE'S
SCHOOL OF
Radiologic
Technology

Job Shadow Form

(Applicant's Name)

(Applicant's Phone)

(Applicant's Email Address)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

(Date)

(Time)

(Facility Name)

(Technologist Signature)

List four radiographic examinations you observed:

Mail completed job shadow forms to: Mercy/St. Luke's School of Radiologic Technology
UnityPoint Health
1026 A Ave NE
Cedar Rapids, IA 52402

*Completed job shadow forms from other radiologic technology schools, documentation from Workplace Learning Connection or your high school will be accepted in replacement of the M/STL job shadow form as long as you can document at least 4 hours of job shadowing experience in a radiology department.