



A National Association of Medical Examiner's (N.A.M.E.) accredited office  
**CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE**

Thomas P. Gilson, M.D.

11001 Cedar Avenue

Cleveland, Ohio 44106

**APPLICATION FOR SHADOW DAY AT CCMEO**



APPLICANT NAME: \_\_\_\_\_

PERMANENT (HOME) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ OTHER TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TERM: **SPRING (HIGH SCHOOL)**  
FRIDAY, APRIL 7, 2017  
DUE BY: MARCH 24<sup>TH</sup>

**SPRING (COLLEGE)**  
FRIDAY, APRIL 28, 2017  
DUE BY: MARCH 24<sup>TH</sup>

**FALL (HIGH SCHOOL)**  
FRIDAY, NOVEMBER 17, 2017  
DUE BY: OCTOBER 20<sup>TH</sup>

**FALL (COLLEGE)**  
FRIDAY, DECEMBER 15, 2017  
DUE BY: OCTOBER 20<sup>TH</sup>

SCHOOL NAME: \_\_\_\_\_

COURSE OF STUDY / MAJOR: \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

YEAR IN SCHOOL AT TIME OF APPLICATION: \_\_\_\_\_

SCHOOL ADVISOR'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NOMINATING TEACHER'S NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

AREA OF INTEREST:	FORENSIC BIOLOGY/DNA	DRUG CHEMISTRY	TOXICOLOGY	PHOTOGRAPHY
(CHECK ALL THAT APPLY)	FIREARMS/ TOOLMARKS	TRACE EVIDENCE	RECEIVING	FINGERPRINTS
	HISTOLOGY	AUTOPSY	DEATH INVESTIGATIONS	PATHOLOGY

**SHADOW APPLICANT REQUIREMENTS:**

AVAILABLE SLOTS ARE LIMITED TO 12 PER SESSION (4 SESSIONS TOTAL: SPRING AND FALL; HIGH SCHOOL AND COLLEGE). JUNIORS AND SENIORS WILL RECEIVE PREFERENCE. HIGH SCHOOL STUDENTS UNDER 18 WILL REQUIRE PARENTAL PERMISSION IN ADDITION TO OTHER APPOINTMENT REQUIREMENTS.

A LETTER OF RECOMMENDATION FROM A TEACHER IN YOUR FIELD OF STUDY SHOULD BE SUPPLIED IN ADDITION TO A LETTER FROM THE DIRECTOR OF THE DEPARTMENT OR ADVISOR/PRINCIPAL OF YOUR SCHOOL.

A CONFIDENTIALITY AND WAIVER OF LIABILITY FORM MUST BE FILLED OUT AS WELL.



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**ADDITIONAL INFORMATION:**

CHRONOLOGICAL LIST OF ACTIVITIES (RÉSUMÉ), INCLUDING ACADEMIC HONORS AND ANY FURTHER SPECIAL TRAINING WHICH APPLICANT HAS HAD. THIS SPACE MAY ALSO BE USED FOR ELABORATION OF ANY OTHER DETAILS WHICH CANDIDATE WOULD LIKE CONSIDERED.

**APPLICATIONS SHOULD BE FORWARDED TO:**

DR. THOMAS GILSON, MEDICAL EXAMINER  
C/O CHRISTOPHER HARRIS  
CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE  
11001 CEDAR AVENUE  
CLEVELAND, OH 44106

REVISED 01/20/2017



**CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE**  
**Dr. Thomas P. Gilson, M.D.**



**CONFIDENTIAL INFORMATION AGREEMENT**

I, \_\_\_\_\_, am currently visiting the Cuyahoga County Medical Examiner's Office. I acknowledge and recognize a person's right to privacy and confidentiality of personal / medical information and the extension of that right to recorded/electronic information in which a person is individually identified.

I understand that "confidential records" are records as defined in the Ohio Revised Code, Chapter 13: Coroner. This law describes certain records that shall not be deemed public; e.g. "313.10 Records to be public – certified copies as evidence, (A)(2) Except as otherwise provided in division (D) or (E) of this section, the following records in a coroner's office are not public records: ..."

I understand that confidential records that are collected, stored or used by the Medical Examiner's Office are to be viewed only by personnel who have been authorized to do so by the appropriate authority.

I agree not to disclose confidential information to any unauthorized person(s).

I understand that unauthorized disclosure of confidential information may be punishable under the Ohio General Laws and agree to abide by this policy for Student Interns.

\_\_\_\_\_  
Name Affiliation / Institution

\_\_\_\_\_  
Signature (if over 18 yrs of age) Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 yrs of age) Date



## CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE VISITOR GUIDELINES AND RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR AUTOPSY OBSERVATION

Welcome to the Cuyahoga County Medical Examiner's Office. During your visit you will have an opportunity to observe firsthand a medical-legal autopsy. As a visitor you will need to understand the sensitive nature of what you will witness. The autopsy, is a medical procedure used to determine the cause of death. Bear in mind that the decedents being autopsied deserve the same respect and confidentiality that you would wish accorded to members of your own family. Use of cell phones and other portable electronic devices is prohibited within the Autopsy Suite. Please turn off or silence these items. Photography, audio recording, video recording, and any other form of imaging and/or recording is strictly prohibited. Any violation of this request is grounds for immediate removal from the Cuyahoga County Medical Examiner's Office. In addition, our staff requires a quiet environment to perform their work safely and accurately. Therefore, please be courteous, attentive and refrain from loud talking and joking.

**Because of the nature of an autopsy, you are required to wear protective equipment. A mask (N95 recommended), protective eye equipment, disposable apron and disposable gloves are required. It is your responsibility to ensure that you have, and are wearing, the appropriate protective equipment.** For your personal safety you should not approach closely to the autopsy table unless instructed to do so. Our staff will inform you of a reasonable distance to maintain.

**This signed release and waiver of liability agreement must be turned in upon arrival at the Medical Examiner's office.**

We appreciate your interest in the work of forensic pathology and trust that your visit will be a valuable one.

### ***RELEASE AND WAIVER OF LIABILITY AGREEMENT***

The nature of work performed at a forensic facility inherently offers a variety of potential risks, including biological, chemical and other hazards.

**Waiver:** In consideration of being permitted to visit the Cuyahoga County Medical Examiner's Office, I,(print name) \_\_\_\_\_, the undersigned, in full recognition and appreciation of the risks inherent, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Cuyahoga County, the Cuyahoga County Medical Examiner's Office, and each of their officers and employees, all for the purposes herein referred to as "Releasees," from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is in or upon the facilities of the Cuyahoga County Medical Examiner's Office or in any way arising out of a tour or visit, or the operation of that Office.

THE UNDERSIGNED further HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees or otherwise while in or upon the facilities of the Cuyahoga County Medical Examiner's Office or while participating in a tour or visit, or the operation of that Office.


THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

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Signature

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Date

	<p align="center"><b>Cuyahoga County</b>  <b>2079 East 9th Street,</b>  <b>Cleveland, Ohio 44115</b></p>	<b>DATE</b>
		tel 216-443-8007
		fax 216-443-SEND
		<b>cuyahogacounty.us</b>
		<b>isc.cuyahogacounty.us</b>
		<b>us</b>

## Photo/Video/Audio Release

I hereby irrevocably grant 'Cuyahoga County' the right to use my name and/or one or more portraits, pictures, photographs, video and audio recordings of me, or reproductions or derivatives of the same, in any form for education, communication, government, and or promotional purposes, including television, radio and web video broadcasting unless otherwise noted.

I understand that I am to receive no compensation; and I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tapes, digital video and digital files shall remain the property of Cuyahoga County, unless otherwise noted.

\_\_\_\_\_

**Signature** **Date**

\_\_\_\_\_

**Cuyahoga County Representative** **Date**

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If the person is not yet eighteen (18) years old, the parent or guardian must sign the following:

I \_\_\_\_\_, hereby warrant that I am the \_\_\_\_\_ of \_\_\_\_\_, a minor, and have full authority to authorize the above Release which I read and approved.

\_\_\_\_\_

**Parent's Guardian's signature (if under 18)** **Date**