



MISSOURI HIGHLANDS HEALTH CARE

Medical Chaperone

PURPOSE: Missouri Highlands Health Care is committed to providing an environment where patients and staff feel safe and confident that clinical care is provided in a comfortable, secure, and professional manner.

POLICY: A chaperone will accompany patients for all or any part of a physical exam or sensitive procedure occurring during any Missouri Highlands Health Care physical exams. This policy assures that patients will be assessed and examined in a secure and professional manner and serves to protect both health care practitioners and patients.

Procedure Guidelines:

Education for the parent or guardian:

****The attached Permission/Acknowledgment Form must be signed by the student's parent or guardian; it must accompany school sports physical, the MSHSAA Form or any sensitive exam for offsite programs.**

A chaperone will accompany all patients during any potentially sensitive examination and if:

- Specifically requested by the patient, the parent or legal guardian.
- Requested by the health care practitioner (physician, nurse, or other caregiver).

The following individuals may be considered as appropriate chaperones:

- Parent or guardian
- Clinical staff (practitioners, physicians, nurses, medical assistants) or any other Missouri Highlands Health Care staff member who have been trained in patient contact.
- School Officials may be defined as and school personnel required to hold a teaching, coaching or administrative license or certificate: Mandated Reporter. (School Nurse, Coach, Guidance Counselor).

Acknowledgement/Permission Form



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Missouri Highlands Health Care's Medical Chaperone policy routinely requires the presence of additional medical staff to be present during any sensitive examination. This policy also extends to the offsite programs such as a school sports physical exam. These exams may consist of hernia/femoral pulse checks etc. that are required on the MSHSAA Form. Related to the sensitive nature of the exam it required the presence of medical/school staff member to chaperone during the exam.

Please sign and return this form with your child's Physical Evaluation History Form

I, _____, (print guardians name) HAVE BEEN ADVISED THAT MY CHILD, _____, (print students name) WILL HAVE ADDITIONAL MEDICAL/SCHOOL STAFF MEMBER PRESENT TO CHAPERONE DURING THE EXAM.