

River Valley Community College Radiography Observation Form

Site of observation _____

Name of observer _____ Date _____

(Must be < 1 year of application submission)

8 Hour Observation is required. Business casual attire (no jeans, tee shirts, or sneakers)

Procedures	Type of exam	Observations
Orthopedic X-rays		
Chest X-rays		
Abdominal X-Rays		
Portables		

Fluoroscopy		
Emergency Room		
Others		

- Ask to see some of each, as it will give you a much better idea of what radiography entails. Please write down the exams you observed and what your impression was of the exam(s).
- Write down your impression as of Radiologic Technology as a career after the observation date.
- Observation form and writing impression should be submitted with admission documentation.

Observer signature: _____

Clinical Supervisor/Lead Tech: _____