

***EASTERN MAINE COMMUNITY COLLEGE***

**MEDICAL RADIOGRAPHY PROGRAM**

**Radiography Observation Form**

I, \_\_\_\_\_ completed my observational experience at  
\_\_\_\_\_. The following procedures were observed:

**EXAM NAME**

**R.T. SIGNATURE**

Fluoroscopy Exam \_\_\_\_\_

Outpatient Exam # 1 \_\_\_\_\_

Outpatient Exam # 2 \_\_\_\_\_

Inpatient Exam # 1 \_\_\_\_\_

Inpatient Exam # 2 \_\_\_\_\_

Extremity Exam \_\_\_\_\_

Portable Exam \_\_\_\_\_

**ADDITIONAL EXAMS OBSERVED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT MANAGER SIGNATURE** \_\_\_\_\_

**DEPARTMENT MANAGER COMMENTS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

**DATE OF OBSERVATION** \_\_\_\_\_