Welcome to the District 19 Medical Examiner’s Office. You are here today as an observer of the process of death investigation. The autopsy is but a tool to help us understand the cause and manner of death, be it natural, accident, suicide, or homicide.

Because you are a guest, we must tell you of the sensitive nature of what you are about to see. Bear in mind that the decedent deserves the same respect that you would wish afforded to your own family and friends. Any discussion of your observations outside the Medical Examiner’s Office is strictly prohibited for the purposes of confidentiality and sensitivity for the bereaved families. Discussions in the classroom are allowed, but should be conducted in a professional manner.

For your safety, you are required to be dressed in the following protective gear; apron, mask, gloves, and goggles for eye protection prior to any viewing. No shorts, open-toed shoes, or sandals are permitted. It is also important to remember that our staff requires quiet to perform their work safely and accurately. Therefore, we ask that you refrain from loud talking while touring the morgue and other areas of the building. Remember to never directly approach the autopsy table. The staff will inform you when and if such action is appropriate. Most of the time the pathologic specimens will be viewed away from the autopsy table. Protection against blood-borne pathogens (e.g. hepatitis, AIDS) has the best safety in distance and of course avoidance of skin penetration (i.e. needle sticks). Tuberculosis is another risk factor. Exposure is highly unlikely, but on rare occasion can occur.

We appreciate your interest and hope your visit will be both educational and a reflection of our enthusiasm for forensic pathology.

The Student Observer or his/her parent or legal guardian (if the Student Observer is under the age of 18 years) agrees to be responsible for all costs, including but not limited to, medical and hospital expenses associated with injuries or illnesses arising out of the student’s participation as a District 19 Medical Examiner Office morgue observer of autopsy procedures.

The Student Observer or his or her parent or legal guardian (if the Student Observer is under the age of 18 years) shall indemnify and hold harmless the District 19 Medical Examiner’s Office and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney’s fees and costs of defense, which the District 19 Medical Examiner’s Office, employees, agents, or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature rising out of, relating to or resulting from the Student Observer’s participation at the District 19 Medical Examiner’s Office.

The Student Observer or his or her parent or legal guardian (if the Student Observer is under the age of 18 years) shall pay all claims, suits or actions of any kind or nature in the name of the District 19 Medical Examiner’s Office, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney’s fees which may issue thereon. The Student Observer or his or her parent or legal guardian (if the Student Observer is under the age of 18 years) expressly understands and agrees that any insurance protection or otherwise provided by the Student Observer, the District 19 Medical Examiner’s Office, or his/her parent or legal guardian (if the Student Observer is under the age of 18 years), shall in no way limit the responsibility to indemnify, keep and save harmless and defend District 19 Medical Examiner’s Office or its officers, employees, agents and instrumentalities as herein provided.

It is further agreed that in no event shall the Student Observer be considered to be an officer, agent, servant, or employee of the District 19 Medical Examiner’s Office.

_________________________  ________________________ _________________
Student Observer (Print)                       (Signature)       Date:

____________________________ _________________________ _________________
Student Observer’s Guardian (Print) (Signature)    Date:

In Case of Emergency Contact (Name) _________________________         (Phone Number) ______________________