Internship Packet

Name of Student: _____

Intern Site Information:

Name of Site: _____

Site Address: _____

Supervisor's name: _____ **Position/Title:** _____

Site Telephone #: _____ **Site Supervisor's E-mail Address:** _____

Requirements of Internship Site:

Does the site require a current Hepatitis B vaccination?	**YES**	**NO**
Does the site require a proof of or vaccination against chicken pox?	**YES**	**NO**
Does the site require a criminal background check?	**YES**	**NO**

If you answered yes, what specific policies are linked to such a requirement (i.e., does any positive result prevent the student from being assigned there, are there specific types of criminal activity that would prevent the student from being assigned to your site, etc?) If such policies exist, please send a photocopy of the policy along with your response.

THIS PACKET IS TO BE SUBMITTED DIRECTLY TO THE INTERN COORDINATOR–

Date Received by KINS Department: _____

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material. I may be at risk of acquiring Hepatitis B virus (HBV) infections. I understand that I must either provide evidence of immunization (3 injection series) or sign this waiver releasing The University of Louisiana at Monroe and clinical agencies from any responsibility should I contract Hepatitis B. I release The University of Louisiana at Monroe or any agency in which I attend internship experiences of any responsibility for any consequences of this decision.

Name _____   Student ID# _____
          (Please Print)

Signature _____   Date_____

Witness _____   Date_____

==Note: If internship site requires a shot record, you will NOT need to sign this form==Form 5c

University of Louisiana at Monroe
Department of Kinesiology
Physical Examination Form

_____

SKIN	
EYES	
VISION	
EARS	
HEARING	
NOSE/THROAT	
NECK	
CHEST	
HEART	
ABDOMEN	
HERNIA	

EXTREMITIES