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 Addr	ess:		
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)		
Sgnature_		Date	
Witness_		Date	

Note: If internship site requires a shot record, you will NOT need to sign this form Borm Borm

University of Louisiana at Monroe Department of Kinesiology Physical Examination Form

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