

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: _____

Insurance Coverage

I hereby release the State of Louisiana, all state departments, agencies, Boards of Commissions, and their respective officers, employees, agents, and representatives from any and all liability, claims, cost, expenses, injuries, illness, or loss resulting from, in whole or in part, including attorney fees, for my participation in field research through the University of Louisiana at Monroe Kinesiology Program's academic curriculum from this date forward.

Recognizing every activity has a certain degree of risk, some more than others, I knowingly and voluntarily assume the risk of these injuries, regardless of severity, which from time to time occur as a result of participation in field research as part of my academic curriculum.

Before you can begin the practicum or internship, you will be required to complete the form at the bottom of this page. If you are not currently covered through your own personal health insurance policy or that of your parents, you may wish to consider purchasing insurance through the Affordable Care Act.

After reading the above information concerning insurance coverage, I'm informing The University of Louisiana Monroe that: (Please check one of the statements below and provide the requested information.)

I have my own personal insurance policy.

Policy # _____ Company _____

I have coverage under my own, my parents', or my spouse's health insurance policy.

Policy # _____ Company _____

I have no health insurance and am aware of the risk stated above.

In addition:

I have professional liability insurance.

Name _____
(Please Print)

Campus-Wide ID# _____

Signature _____

Date _____

**YOU MUST INCLUDE COPY OF PROOF OF
PROFESSIONAL LIABILITY INSURANCE AND HEALTH INSURANCE**

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 but instead attach the shot record. If the site does NOT require a shot record, then you MUST complete this decline form.**

CPR

****MUST INCLUDE A COPY OF YOUR CPR CARD****

Options for CPR Certification:

1. Online Resource for CPR: www.icpri.com OR www.onlineaha.com
2. Take a CPR course of your choice at any facility/location
3. Use the current CPR certification card you have that lasts throughout the semester.

Liability Insurance

****MUST INCLUDE A COPY OF YOUR LIABILITY INSURANCE****

(Liability Insurance Options)- Please note this IS NOT the same as Health Insurance.

APEL- apeleducators.org

(click on the "Join APEL" tab at top and sign up for student insurance) \$20 for 2 year million dollar insurance policy to cover you. YES...it is required !!!!!!!!!!!

**University of Louisiana at Monroe
Department of Kinesiology
Physical Examination Form**

Student's Name: _____

SKIN	
EYES	
VISION	
EARS	
HEARING	
NOSE/THROAT	
NECK	
CHEST	
HEART	
ABDOMEN	
HERNIA	
EXTREMITIES	
	BP: _____ Temp: _____ Heart Rate: _____
COMMENTS	

I hereby certify that I have reviewed this patient's information. I have examined this patient and have found them to be free of communicable diseases and in general good health. I have reviewed their records and find them current on all required immunizations.

Health care Professional's (doctor; nurse) printed name: _____

Health care Professional's (doctor; nurse) signature: _____