

CHECKLIST
INTERNSHIP (HS 410 & KIN 410)

Name: _____ W# _____

Internship Site _____ KHS Supervisor _____

Concentration: ES FHP SMGT HPRO HEDP

_____ Contract completed.

_____ Physical exam by a physician. If serious medical condition exists, written indication of treatment, and/or medical clearance to participate.

_____ Copy of immunization records.

_____ Negative TB skin test (completed within past year).

_____ Proof of rubella/rubeola immunization or verification of immunity through blood test.

_____ Verification of history of chicken pox or proof of vaccination.

_____ Verification of current Hepatitis B vaccination or signed waiver.

_____ Copy of CPR certification that does not expire before the end of the semester of internship.

_____ Health insurance verification (signed form and photocopy of insurance card/document).

_____ Criminal Background Check completed and verified by Dr. Hebert.

_____ Attendance at orientation session

_____ Attendance at KHS internship meeting with internship coordinator and university supervisors.