

Kean University
Department of Occupational Therapy
Facility Requirements for Students

Facility Name: _____ **Date:** _____

Address: _____

Telephone: _____ **Website:** _____

Student Coordinator Contact Information

Name: _____ **Telephone:** _____ **Email:** _____

Preferred way to contact you: telephone ___ **email** ___

Please place an x next to all requirements for fieldwork students. Please also complete the information requested regarding the schedule.

<u>Immunizations</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Other Requirements</u>	<u>Level 1</u>	<u>Level 2</u>
___ Hepatitis B	___	___	___ TB (Mantoux) Test (PPD) 1 Step ___ 2 Step ___	___	___
___ Rubeola (Measles)	___	___	___ Drug Screening: Panel # _____ Specific Company _____	___	___
___ Rubella (German Measles)	___	___	___ Fingerprinting	___	___
___ Mumps	___	___	___ Criminal Background: Required company _____ How recent ___ years	___	___
___ Varicella	___	___	___ CPR Certification	___	___
___ Tetanus	___	___	___ Interview required prior to acceptance	___	___
___ Other	___	___	___ Site Orientation and/or required procedures and materials: please list if any _____	___	___
_____			Completed prior to start date ___yes ___no _____length of orientation		
_____			___ Doctor note for "Fit To Work" prior to start date	___	___

Please add any additional information that may be helpful when placing our students at your facility (i.e. dress code, parking etc.).

Schedule: Typical Hours _____ **Weekend Hours: Yes** ___ **No** ___

Notes regarding hour's scheduled _____