

**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.

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

**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** \_\_\_\_\_