



IMMUNIZATION REQUIREMENTS INFORMATION

Within the Department of Health Sciences and Human Performance, some CSU affiliates may be required to demonstrate proof of immunization based on the chosen internship/practicum site. In addition, CSU affiliates may be required by some internship/practicum sites to undergo further testing/evaluation/treatment and/or to provide additional documentation (e.g. additional titers or vaccines such as the COVID-19 vaccine). This is to protect faculty, staff, and students (ie., CSU affiliates) when working with patients/clients at a variety of on-campus and off-campus internship/ practicum sites. CSU affiliates are also required to adhere to any additional requirements of their internship/ practicum sites beyond those of department. Only accommodations granted by CSU's Office of Institutional Equity (OIE) (for a religious accommodation) or the Office of Disability Services (ODS) (for a medical accommodation) and agreed-upon by the internship/practicum site are recognized. Failure to obtain these requirements in a timely manner may delay completion of internship/practicum experiences and graduation.

For assistance with accommodations, CSU affiliates should reach out to:

Office for Institutional Equity (<https://www.csuohio.edu/institutional-equity/institutional-equity>):
Administration Center, Room 236
2300 Euclid Ave.
Phone: (216) 687-2223
OIE@csuohio.edu

Office of Disability Services (<https://www.csuohio.edu/disability/disability>):
Rhodes Tower West 210
2124 Chester Ave.
Phone: (216) 687-2015
ods@csuohio.edu

For any required immunization records, CSU affiliates must provide documentation from a physician, health institution, or official education records of satisfactory immunization status.

My signature below indicates that I have read and understand the immunization requirements contained herein. I understand and agree that it is my responsibility to obtain all information as required by my internship/practicum site. I also understand that some internship/practicum sites may require further medical testing and documentation. I acknowledge that all medical requirements and immunizations will be obtained at my own expense.

CSU Affiliate Name (printed)

CSU Affiliate Signature

Date