

HEPATITIS B SHOTS
For Undergraduate Internships or Graduate Practicum Form #1 Application

All students must upload this document to Form #1 of the on-line application to be approved for either your undergraduate Internship or Graduate Practicum experience. Hepatitis b Shots are a series of three shots. This series of shots takes six (6) months to complete. **Since verification of these shots is required for Internship and Practicum, it is important that you start this process well in advance of these experiences.**

This proof must be uploaded to form #1 of the application. You may go to your health care provider for the shots or you may contact the CSU Health Services Department, 2112 Euclid Avenue, Room 205 at 216.687.3649. If you go to your personal health care provider, please obtain a signed statement verifying the shot was administered along with the date the shot was given (this form may be used). If you have completed the series of Hepatitis B shots previously, verification by your doctor or health care provider is sufficient and can be submitted on-line in the form #1 application.

If you choose to use CSU's Health Services Department, these guidelines must be followed:

1. You must be a registered CSU student.
2. An appointment must be scheduled.
3. The fee for EACH shot is \$42.00 (for a total of \$126.00)
4. Please allow 6 months for the completion of these shots. The timetable for shots is as follows:
 - 1st Shot
 - 2nd Shot – 1-2 months after the 1st shot
 - 3rd Shot – 4-6 months after the 1st shot
5. The information should be completed below and the entire form submitted on-line in the appropriate area on Form #1 of the application.

From: CSU Health Services Other Physician *(check only one)*

Student's Name: _____

CSU ID#: _____

I verify that the above-named student received his/her Hepatitis B Shot on the date noted below:

Hepatitis B Shot # 1 _____
Signature Date

Hepatitis B Shot # 2 (at least 1 month after Shot # 1) _____
Signature Date

Hepatitis B Shot # 3 (at least 4 months after Shot # 1) _____
Signature Date

I verify that the above-named student has completed the series of Hepatitis B Shots

Signature

Date