Health Science Internship Guidelines

Kathleen Meyer, Coordinator
Course Title and Number: Health Science Internship (Hlth 420)

Credit: 1-6 credits (45 contact hours per academic hour)

Placement in Curriculum: Junior or Senior Standing

Prerequisites: Junior standing, completion of Hlth 419 and consent of instructor.

Office hours: Tuesday 10:00-11:00
Wednesday 9:00-11:00

Faculty: Coordinator / Instructor
Kathleen Meyer, M.Ed.
Room 531, Edwards Hall
Phone: (864) 656-1898
Kathm@clemson.edu
FAX: (864) 656-6227

Course Description: Under supervision in an approved agency, the student will have an opportunity for on-the-job experiences. The student will be placed in an agency and develop personal/professional goals and objectives appropriate to the setting, population and health issues. Internships may be repeated for a maximum of 6 credits.

Course Objectives: The student will:
1. Develop goals and objectives based on health-related theoretical concepts and skills.
2. Implement steps to meet personal and professional goals and objectives for the internship.
3. Observe and actively participate in decision-making and strategic planning involved in program design, implementation, and evaluation.
4. Prepare to enter the workforce/graduate school by completing a professional career portfolio.

Teaching Strategies: Supervised on-the-job experiences in an approved setting with a qualified preceptor.

Unit and Topical Outlines: Individually developed by each student to meet his/her own objectives and approved by faculty and agency preceptor.
I. Student is assigned a qualified internship site based on instructor/student approval.
II. Student contacts and interviews for a position with an agency.
III. Student develops specific professional and personal goals and objectives for the internship.
IV. Student satisfactorily completes 180 internship hours.
V. Student successfully provides all documents as per requirements.
VI. Student prepares a professional portfolio.
**Academic Integrity Policy**

“As members of the Clemson University community, we have inherited Thomas Green Clemson’s vision of this institution as a ‘high seminary of learning’. Fundamental to this vision is a mutual commitment to truthfulness, honor, and responsibility, without which we cannot earn the trust and respect of others. Furthermore, we recognize that academic dishonesty detracts from the value of a Clemson degree. Therefore, we shall not tolerate lying, cheating, or stealing in any form”.

“When, in the opinion of a faulty member, there is evidence that a student has committed an act of academic dishonesty, the faculty member shall make a formal written charge of academic dishonesty, including a description of the misconduct, to the Associate Dean of Undergraduate Services. At the same time, the faculty member may, but is not required to, inform each involved Student privately of the nature of the alleged change.”

**Grounds for Failure:** You will be terminated from the course immediately if any of these occur:
- Less than 45 hours per credit hour completed
- Misrepresentation of hours worked
- Unexcused absences
- Poor professionalism or work quality
- Breach of confidentiality
- Inappropriate conduct at the internship site

- Unfortunately, there have been three instances of intern termination in the last 3 years. Do not let this happen to you!
- Students should refrain from texting and all phone calls during the hours you are at your internship site. Save this for your lunch break or after work.

**Patient privacy rights may impact your internship!**
The new rules involving patient confidentiality and patient rights were implemented in all health care entities, April 14, 2003. These are part of the Health Insurance Portability and Accountability Act of 1996. (HIPAA).

The law lays out fines and prison terms for hospitals and health care providers who violate its provisions. Under the law, hospitals and health care providers are required to adopt comprehensive privacy policies and to obtain patients’ consent for the use and disclosure of information about them.

Patients now can decide whether information about them, including their religious affiliation, will be included in a patient directory.

Due to this, you maybe required to complete HIPAA training at your internship site. You may not be able to take pictures of clients for your PowerPoint, so check on this prior to taking pictures. You may “stage” some shots with staff if using actual clients is not possible. No client/patient names should be used in your portfolio. You may use a person’s first name only.

Please follow the regulations at your site!

*HIPAA breaches in the portfolio will result in a letter grade reduction! Check with your site!*
ACADEMIC INTERNSHIP CONTRACT
FORM I - #1

STUDENT INTERN_____________________________ Student E-Mail________________________
ADDRESS_____________________________ TELEPHONE____________________________
PRECEPTOR_____________________________ TITLE______________________________
INTERNSHIP SITE ADDRESS_________________________________________________________
(Building or Suite and Street)______________________________________________________
(City, State and Zip)_______________________________________________________________
PRECEPTOR'S TELEPHONE_______________________ Preceptor E-Mail:_____________________

TO BE COMPLETED BY PRECEPTOR

INTERN'S POSITION TITLE__________________________________________________________
BRIEF DESCRIPTION OF INTERN'S DUTIES & RESPONSIBILITIES

PREREQUISITES(if any)_______________________________________________________________
DATE INTERNSHIP BEGINS_____________ DATE INTERNSHIP ENDS______________
INTERNSHIP HOURS:  Days Working:_______________  Times Working:_____ to ______
SIGNATURES:
PRECEPTOR ________________________________________________
STUDENT INTERN __________________________________________________________________

*This form is to be fully completed and returned by the first day of your internship *
Fax or Hand Deliver

*Please make sure to discuss inclement weather conditions*
*Keep a copy for yourself of all paperwork*
Dress Code Form
Form I - #2

Dear Preceptor,

To assist the student in determining appropriate attire at your site, please discuss the following with your intern. Sign and date this form and have the student return to me with Form 1. Discuss any other dress issues as needed. Thank you.

What of the following attire is considered standard for your site?

_____ Site provides attire (eg. Polo shirt, smock, scrubs, etc.)
_____ Site expects students to provide acceptable attire.

Please discuss the following in detail:

FEMALES:
1. Dress/skirt length.
2. Are jeans or sweats acceptable?
3. Dress/blouse/shirt – is sleeveless or spaghetti straps acceptable?
5. Shoes-open toe, sneakers, sandals, or flip-flops acceptable?
6. Jewelry-multiple earrings, bracelets, etc.?
7. Make-up/perfume.

MALES:
1. Are jeans or sweats acceptable?
2. Is a tie required?
3. What would be considered standard style of dress at your site?
4. Are sandals/flip-flops allowed?
5. Is a dress shirt required?
6. What jewelry is acceptable?
7. Cologne/after-shave?

Any other dress issues that were discussed?
(Be sure to define “business casual” if necessary)

Preceptor: _______________________________

Student intern: __________________________

Date: _________________________________
Timeline for Submission of Paper Work  
Form I - #3

This will vary since students will be starting internship on different dates and completing hours at different rates/week. Fill this out with your preceptor specific to your schedule.

DATE: January 7, 2010 is the first day you can officially begin internship if the two step Tuberculosis skin test results have been received.

(Fill in the Date)

1st day of internship – Form 1 due, Dress Code sheet due, Timeline sheet due.

(Fill in the Date)

Form 2 due, after seven working days at your internship site

February 17, 2010
At approximately 90 hours,
Midterm Evaluations due to Mrs. Meyer (Intern & Preceptor)
Midterm Log-of-hours signed & dated by preceptor due

Feb 17, 2010-4:00-5:30pm  
TENTATIVE General Education Portfolio requirements—304 Edwards

April 21, 2010 – 4:00pm
Meet for class, 304 Edwards (4:00-5:00pm)
Intern’s and Preceptor’s final evaluation due. Portfolio due.
Final Log-of-hours signed and dated by Preceptor due.
Complete Evaluation on Blackboard

May 4, 2010  
Grades submitted by 9:00 am.

_________________________________________
Intern Signature

_________________________________________
Preceptor Signature
FORM II

STUDENT INTERN______________________________ TELEPHONE#________________________

ADDRESS______________________________________ E-mail___________________________

PRECEPTOR______________________________________ TITLE___________________________

INTERNESHIP SITE
ADDRESS______________________________________TELEPHONE#________________________

(Building or Suite and Street)___________________________________________________________

(City, State and Zip)

Please type and attach pages as needed to this form.

1. Internship Description - Describe in as much detail as possible your role and responsibilities while on your internship. List duties, meetings or other activities, projects to be completed, deadlines, etc.

2. Supervision - Describe in as much detail as possible the supervision to be provided by the preceptor, type of activity and how often (e.g. I will meet with my preceptor weekly...)

3. Evaluation - How will your work performance be evaluated? By whom? Timetable (e.g. performance will be reviewed at mid-semester by site supervisor; daily log will be turned into faculty sponsor by the midterm and the end of the semester...)

4. Learning Goals & Objectives - What do you intend to learn through this experience? Be specific using concrete terms. This is the lengthiest part of the written exercise (e.g. learn how to complete client intake procedures, including interviews and data collection as required. Or, learn how to implement health promotion plans and maintain accurate records.) **Format as per Hlth. 419.**

   * This is due on the 7th day worked at your internship site *

STUDENT INTERN______________________________ DATE________________

PRECEPTOR______________________________________ DATE________________

*Keep a copy for yourself of all paperwork*
Intern's Mid-Term Evaluation
(To be completed by Intern)

STUDENT INTERN___________________________________________ DATE__________________

FACULTY COORDINATOR___________________________________

INTERNSHIP SITE___________________________________________

In a paragraph or outline, update the following items. Please type. Submit on or before the date listed on your timeline.

1. How are the activities/projects of your internship related to the learning goals and objectives specified in your learning contract? (identify each goal and objective specifically)

2. What additional internship projects/activities have you finished or are you currently working on?

3. What projects/activities will you most likely engage in between now and the end of the internship?

4. What activities/projects in your internship would you like to get involved in?

5. What kinds of supervision/guidance are you receiving from your preceptor?

6. What training and/or events have you attending? (Include meetings, speakers, conferences or other training activities.)

7. What aspects of your internship do you find most rewarding? Most challenging?

8. Are there aspects of your internship that you find disappointing?

9. Are there any other issues you would like to raise?

INTERN'S SIGNATURE_________________________________________DATE__________________

*Due at the 90 hours point of your internship (Approximately Feb. 17, 2010)
*Keep a copy for yourself of all paperwork*
Preceptor’s Mid-Term Evaluation of Intern

The student's outstanding personal qualities are:

The personal qualities, which the student should strive most to improve, are:

The student's outstanding professional qualities are:

The professional qualities, which the student should strive most to improve, are:

The student's ability to collaborate with other health professionals:

Excellent    Very good    Average    Below average    Poor

Additional Remarks:

This report must be discussed with the student. __________: Date discussed.

PRECEPTOR SIGNATURE_________________ STUDENT SIGNATURE:_________________

*Your signature indicates that you have had the opportunity to review and discuss your
performance evaluation with your supervisor. It does not necessarily indicate that you agree with
the evaluation.

Please submit this form by **Fax or Hand Delivery** to:

Kathleen Meyer, M.Ed
Department of Public Health Sciences
531 Edwards Hall
Clemson, SC  29634-0745
FAX: (864)656-6227
**INSTRUCTIONS:** Please evaluate objectively, comparing the intern with other students of comparable academic level, with other personnel assigned the same or similarly classified jobs, or with individual standards. Remarks are particularly helpful. Check one item in each section that best describes the intern.

**THIS DOES NOT NEED TO BE DISCUSSED WITH THE STUDENTS!!**

<table>
<thead>
<tr>
<th>ATTITUDE</th>
<th>Pts.</th>
<th>ABILITY TO LEARN</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>outstanding in enthusiasm</td>
<td>3 pts.</td>
<td>learned work readily</td>
<td>3 pts.</td>
</tr>
<tr>
<td>very interested and industrious</td>
<td>2 pts.</td>
<td>average in understanding work</td>
<td>2 pts.</td>
</tr>
<tr>
<td>average in diligence and interest</td>
<td>1 pt.</td>
<td>rather slow in learning</td>
<td>1 pt.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>DEPENDABILITY</th>
<th>Pts.</th>
<th>INITIATIVE</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>above average in dependability</td>
<td>3 pts.</td>
<td>proceeds well on his/her own</td>
<td>3 pts.</td>
</tr>
<tr>
<td>dependable</td>
<td>2 pts.</td>
<td>goes ahead independently at times</td>
<td>2 pts.</td>
</tr>
<tr>
<td>sometimes neglectful and careless</td>
<td>1 pt.</td>
<td>does all assigned work</td>
<td>1 pt.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF WORK</th>
<th>Pts.</th>
<th>RELATIONS WITH OTHERS</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>very good</td>
<td>3 pts.</td>
<td>works well with others</td>
<td>3 pts.</td>
</tr>
<tr>
<td>average</td>
<td>2 pts.</td>
<td>gets along satisfactorily</td>
<td>2 pts.</td>
</tr>
<tr>
<td>below average</td>
<td>1 pt.</td>
<td>has difficulty working with others</td>
<td>1 pt.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MATURITY/POISE</th>
<th>Pts.</th>
<th>QUANTITY OF WORK</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>quite poised and confident</td>
<td>3 pts.</td>
<td>more than average</td>
<td>3 pts.</td>
</tr>
<tr>
<td>has self assurance</td>
<td>2 pts.</td>
<td>normal amount</td>
<td>2 pts.</td>
</tr>
<tr>
<td>average maturity and poise</td>
<td>1 pt.</td>
<td>below average</td>
<td>1 pt.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>JUDGMENT</th>
<th>Pts.</th>
<th>ATTENDANCE</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>above average in making decisions</td>
<td>3 pts.</td>
<td>regular and or punctual</td>
<td>3 pts.</td>
</tr>
<tr>
<td>usually makes the right decision</td>
<td>2 pts.</td>
<td>irregular and/or late (1 or more times)</td>
<td>0 pt.</td>
</tr>
<tr>
<td>inconsistent judgment</td>
<td>1 pt.</td>
<td></td>
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<tr>
<th>ORAL COMMUNICATION</th>
<th>Pts.</th>
<th>WRITTEN COMMUNICATION SKILLS</th>
<th>Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>excellent</td>
<td>3 pts.</td>
<td>high quality of work – needing very little revision</td>
<td>3 pts.</td>
</tr>
<tr>
<td>above average</td>
<td>2 pts.</td>
<td>average quality of work – some revisions needed</td>
<td>2 pts.</td>
</tr>
<tr>
<td>average</td>
<td>1 pt.</td>
<td>work needing review and revisions regularly</td>
<td>1 pt.</td>
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</table>

* Provide a brief narrative regarding specific times this was noted (Did the intern speak at a meeting?, Present a lesson?, etc.) (Please type)

** Provide a brief narrative regarding the specific writings you reviewed (Please type)

_______ points awarded out of 36 possible points.

Preceptor Signature

**This Form may be Faxed, Mailed, or Hand Delivered to:** Kathleen Meyer, M.Ed
Dept of Public Health Sciences, 531 Edwards Hall, Clemson, SC 29634-074, FAX: (864)656-6227
HEALTH 420 - INTERNSHIP EXPERIENCE

Intern's Final Evaluation
(To be completed by Intern)

NAME____________________________________ DATE_______________________

PRECEPTOR____________________________________ SITE____________________

PURPOSE: to help you reflect on and evaluate your total internship experience.

Answer each question completely. Please type. (1-2 pages)

1. Review your goals and objectives for your internship and assess your internship site as it provided a setting for achieving those goals and objectives.

2. Describe projects/assignments you have worked on since your mid-term evaluation.

3. Choose one project/assignment you have worked on since your mid-term evaluation.
   a. How well do you think you accomplished the project or dealt with the experience(s)?
   b. What skills did you use? (e.g. writing, speaking, organizing, interpersonal, counseling, management, research, etc.)
   c. Point out your strengths and weaknesses. What would you do differently?
   d. Assess your contribution to the internship site.
   e. Has your experience changed or reinforced your career goals. Changed or reinforced your educational goals? Could you see yourself as a professional in this field?
   f. Relate your internship experience/assignment to your academic work on campus. List specific courses in your major that were useful in this site.
   g. What else have you accomplished or experienced which you would like to describe?

*Return completed report to Instructor on or before April 21, 2010*
Assignments: (These are to be included in your portfolio.)

1. Internship PowerPoint:
   - A 15-25 slide PowerPoint should be prepared and included within your portfolio.
   - The following should be included:
     - A picture of the site, description of site, department you interned within, mission statement and/or goals of the site.
     - Action oriented slides depicting your roles and duties.
     - Think: What would a potential graduate department or employer want to see?
     - Descriptive captions should accompany slides.
     - Include description of projects, but the projects in their entirety needs to be in a separate link

2. Internship Projects. Describe them.
   - Include all materials produced: case studies, lesson plans, brochures, etc.
   - Relate your products to your goals and objectives from Form 2. Rehabilitative Services interns (PT, OT, Speech) will prepare a comprehensive case study as one of your projects.
   - Note: Projects! You should have more than 1.
     - All documents should be revised to reflect the completion of an internship.
       (You may delete the cover letter.)
       (You may choose to change other 419 submissions as you see fit.)

3. Public Health Determinants project
   **Public Health Determinants and Trends (15 pts)**
   During your internship research through literature, interviews, anecdotes, or personal experience the following public health-related questions.
   These should be listed in a link entitled “Public Health Determinants and Trends” project.
   Audio, visuals and/or video is required.

1. Modern public health has recognized a variety of social determinants of health. Pick one or more of these social determinants of health and reflect on how it (they) may have influenced the type, variety, and/or need for the health or medical services delivered at your internship site:
   **Healthy places**
   - The daily conditions in which people live
   - Availability of affordable housing
   - Availability and safety of transportation (public or private)
   - Availability of clean water and adequate sanitation
   - Availability and cost of electricity and other fuel
   - Availability of options for physical activity (parks, sidewalks, health clubs, bike trails, etc.)
   - Availability and cost of foods for healthy eating
   - Safety from violence and crime
   - Quality of environment design and regulatory controls
   - Prevalence of alcohol outlets and availability and cost of illicit drugs
   - Degree of exposure to environmental degradation

   **Employment and decent work**
   - Full employment, unemployment, underemployment
   - Economic and social policies that ensure adequately compensated work for men and women of all origins
   - Safety and health of working conditions
Access to Medical Care
- Presence of services delivery systems based on principles of equity of access
- Medical systems that promote disease prevention, and health promotion, not just episodic sick care
- Availability of family medical coverage, focusing on primary health care (regardless of ability to pay)

2. Social and behavioral factors such as smoking, alcohol use, sedentary lifestyle, inappropriate diet, and accidental injuries are linked to approximately half of all deaths. Question 1 noted that the range of choices available to us as individuals may be socially determined. Nevertheless, nearly all people do have a range of options that allows them to choose between more or less healthy personal behaviors. Reflect on how personal behavior choices may have influenced the type, variety, or need for the health or medical services delivered at your internship site:

3. Based on your internship experience, what one cost-effective policy intervention would you suggest to improve health outcomes in the setting where you worked? Why do you think this would produce better health at a reasonable cost?
# Grading Criteria for Hlth 420

<table>
<thead>
<tr>
<th>Grading Scale</th>
<th>Letter Grade</th>
<th>Points Earned</th>
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<tbody>
<tr>
<td></td>
<td>A (93-100%)</td>
<td>93-100</td>
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<tr>
<td></td>
<td>B (85-92%)</td>
<td>85-92</td>
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<tr>
<td></td>
<td>C (73-84%)</td>
<td>73-84</td>
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<tr>
<td></td>
<td>D (60-72%)</td>
<td>60-72</td>
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<table>
<thead>
<tr>
<th>Points Assignment</th>
<th>Maximum Points</th>
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<tbody>
<tr>
<td>Points (Every Item is Required)</td>
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</tr>
<tr>
<td>1. Tuberculosis skin test – Due Jan. 6, 2010</td>
<td>5</td>
</tr>
<tr>
<td>2. Form I sheets – (p. 4-6) -paper copies on time/fully completed</td>
<td>5</td>
</tr>
<tr>
<td>3. Form II sheet – (p. 7) paper copy on time/fully completed</td>
<td>5</td>
</tr>
<tr>
<td>4. Mid-term evaluations – (p. 8-9) - paper copies Intern’s and preceptor’s on time/fully completed Mid-term log of hours – signed and dated by preceptor</td>
<td>5</td>
</tr>
<tr>
<td>5. Preceptor’s Final Evaluation – paper copy (p. 10)</td>
<td>36</td>
</tr>
<tr>
<td>6. Intern’s Final Evaluation– paper copies (p. 11)</td>
<td>5</td>
</tr>
<tr>
<td>7. Resume – in portfolio (Updated to reflect internship, see rubric p. 14)</td>
<td>3</td>
</tr>
<tr>
<td>8. Portfolio (Link typed on sheet of paper and turned in with final evaluations at 4:00pm on April 21, 2010). See rubric (p. 15)</td>
<td>21</td>
</tr>
<tr>
<td>9. Public Health Determinants Project</td>
<td>15</td>
</tr>
</tbody>
</table>

100 maximum pts.

*Late submission of the portfolio will result in one letter grade reduction for each day late*

*If someone needs to contact you about missing portfolio links, your portfolio will be considered a late submission*
H1N1 (SWINE) FLU ANNOUNCEMENTS

Kathleen Meyer

From: Clemson University Faculty [CU_FACULTY-L@CLEMSON.EDU] on behalf of Inside Clemson [inside@EXCHANGE.CLEMSON.EDU]
Sent: Thursday, August 13, 2009 4:16 PM
To: CU_FACULTY-L@CLEMSON.EDU
Subject: FLU: H1N1 flu, YOU and Clemson University

H1N1 (swine) flu, YOU and Clemson University

H1N1 (swine) flu could spread quickly around Clemson University this fall, affecting you, your students, your co-workers and your family.

You should know the symptoms of the flu, what you should do if you or someone you know gets sick and, more importantly, what you can do to avoid becoming ill.

As much as 40 percent of us could get the H1N1 flu, the Centers for Disease Control (CDC) predicted. Much like the seasonal flu, it spreads from person to person through coughs and sneezes or by touching contaminated surfaces. This is a new flu strain, so we have no immunity to it. The largest group of people who have been sick range in age from 5 to 24 years old, so most students are at heightened risk.

If you get the flu, you should not work until 24 hours after your fever (more than 100 degrees) goes away without the aid of fever-reducing medicines because you may be contagious. While most people who have had H1N1 flu reported relatively mild symptoms, the flu is a serious illness that can lead to pneumonia, other serious medical problems and death.

Because students who get the flu should not come to your class until 24 hours after their fever is gone to minimize the risk of spreading it, please excuse them during the recovery period. As a temporary measure, Redfern Health Center will be validating student treatment for flu with a special stamp on the receipt students receive as they exit. Students also may obtain documentation from their personal physicians or off-campus medical facilities.

Symptoms

Much like seasonal flu, the symptoms of H1N1 are fever, cough, sore throat, a runny or stuffy nose, body aches, headache, chills and fatigue. Some people report diarrhea and vomiting.

Emergency symptoms

If someone with the flu experiences difficult breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting, or if flu-like symptoms return with fever and a worse cough they should get immediate medical help.

Precautions

The CDC recommends these precautions to reduce the chances you will get the flu:

- Wash your hands regularly with soap and water or use alcohol-based hand cleaners.
- Don't touch your eyes, mouth or nose. Germs spread this way.
- Avoid crowds as much as possible.
- Avoid or minimize contact with sick people.
- Cover your mouth and nose with a tissue or your sleeve when you cough or sneeze.
- Stay home if you get sick, except to see a doctor. If you must go out while you are contagious, wear a mask.
- Stay informed about the flu, preventive steps and the availability of a vaccine.

Disinfecting areas

Studies have shown flu viruses can infect a person as long as eight hours after being deposited on a hard surface. You should clean
shared surfaces, such as telephone handsets, regularly with a disinfectant.

It's not practical for Clemson's custodial staff to disinfect buildings outside the normal cleaning schedule. Along with regular cleaning, custodians have been asked to disinfect surfaces in common areas, including handrails, water coolers and entrance-door handles.

**Medical information**

It is impossible to tell if you have the flu based on symptoms alone, so you should see a doctor for a test and diagnosis.

The doctor may prescribe antiviral drugs, such as Tamiflu or Relenza, that may reduce the severity of your symptoms and duration of the illness.

Avoid direct contact with other people, especially those at increased risk for serious illness. It is believed high-risk groups for complications from H1N1 are the same as for seasonal flu: those 65 years and older, people of any age with chronic medical conditions (such as asthma, diabetes or heart disease) or suppressed immune systems, pregnant women and young children.

**Vaccines**

You should get a seasonal flu vaccination and a vaccination for H1N1 flu when it becomes available. Your seasonal flu vaccination will not protect you from H1N1 flu and the H1N1 vaccination will not prevent seasonal flu.

An H1N1 vaccine is being developed and may be available this fall.

A government panel recommended pregnant women, health-care workers, children and young adults ages six months through 24 years and those aged 25 to 64 with underlying medical conditions should be the first to receive the vaccinations.

For more information about H1N1 flu, including links to government flu Web sites and answers to some frequently asked questions, go to Clemson's flu Web site at:

http://www.clemson.edu/newsroom/special_reports/flu/

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**Issued by Clemson University Media Relations**

Contact inside Clemson for faculty and staff communications
E-mail inside@clemson.edu • FAX 864/656-0812 • Phone 864/656-3869