

Health Insurance Disclaimer

Although students are not required to carry personal health insurance to successfully complete the graduate internship, we collect this health care provider information to expedite a response in the event of an injury or need for medical care.

College of Health and Human Performance

Name: _____

UFID: _____

Address: _____

Major: _____

Phone: _____

Email: _____

Please check the appropriate box:

I have health insurance coverage. (Complete PART I)

I do not have health insurance coverage. (Complete Part II)

Part I: Health Insurance Information

Provider Name: _____ Policy Number _____

Effective Dates: _____

My signature verifies this information is true and accurate: _____

Part II: Uninsured Student Disclaimer

I, _____, understand that the University of Florida is not
(Print name)
responsible for any health expenses incurred during my field experience, practicum
and/or internship hours. Further, I have been advised by the University of Florida to
obtain health insurance and I have elected not to do so.

Student Signature