

**University of Florida College of Medicine  
2009-2010 Health Agreement**

As a student enrolled in the University of Florida College of Medicine, I

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(please PRINT name)

1. Understand that the College of Medicine requires all students to be covered by health insurance and provide proof yearly. Therefore, I will purchase and maintain a health insurance policy for the duration of my enrollment and will not for any reason cancel this policy unless I have provided proof as detailed by the Office of Student Affairs & Registration of my coverage under an alternate acceptable policy.
2. Understand that the College of Medicine **REQUIRES** all students to have disability insurance.
3. Will comply with the annual TB skin test with results verified by the Student Health Service and, if necessary, will follow up any non-negative results as prescribed by the Student Health Service.
4. Will attend any seminars on blood borne pathogens and universal precautions as provided to my class.
5. Will complete the required Hepatitis B vaccination and provide proof to the Office of Student Admissions/Activities that I have completed the vaccination series before beginning the required clinical clerkships.
6. Will provide proof of immunizations required by both the College and the University prior to my matriculation.
7. Will comply with any other health and safety related regulations deemed necessary by the University's Student Health Care Center or the College of Medicine.

I understand that each of the above requirements must be met in order for me to remain a registered student in good standing at the University of Florida College of Medicine and that failure to comply with any or all of the above requirements may result in administrative withdrawal from medical school. I further understand that this may delay my graduation and/or may lead to my dismissal from the College.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Class of \_\_\_\_\_

**FINAL DEADLINE: July 27, 2009**, Office of Student Affairs & Registration, Room M-125 MSB or  
PO Box 100216 UFHSC, Gainesville, Florida 32610-0216 or FAX (352) 846-0622