

# University of Pittsburgh School of Nursing Annual Health Insurance Attestation Form

## PART I: Student INFORMATION

(ALL FIELDS MUST BE COMPLETED)

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (Middle Initial)

ADDRESS \_\_\_\_\_ / \_\_\_\_\_  
(STREET) (CITY/STATE/ZIP)

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### *Health Insurance (must be completed by student)*

I verify that I carry, and will carry health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(MONTH/DAY/YEAR)

**Note: ALL SECTIONS ON THIS FORM MUST BE COMPLETED BEFORE IT IS SUBMITTED!**

**Upon completion, this form should be scanned and uploaded by the student to EXXAT.**