



Environmental Health Science

College of Public Health

UNIVERSITY OF GEORGIA

VERIFICATION OF INSURANCE COVERAGE

I hereby certify that I am currently covered by a health insurance policy issued by _____ insurance company, and I further certify that I will keep the policy in full force and effect for the duration of my participation in the Environmental Health Science internship.

I certify that I have read and understood this statement and that I have signed it on this ____ day of _____ 20____ .

Signature of Student

Printed Name