



OFFICE OF GRADUATE BUSINESS PROGRAMS
SCHOOL OF BUSINESS ADMINISTRATION
421 N. WOODLAND BLVD. UNIT 8398
DELAND, FL 32723
OFFICE: (386) 822-7410

MEDICAL STATEMENT

THE UNIVERSITY HEALTH SERVICE provides emergency care for illness and accident, but it does not provide clinical or hospital service and cannot accept responsibility for prolonged illnesses or for chronic diseases, such as epilepsy, heart trouble, asthma, rheumatic fever, or diabetes, treatment for which must be obtained elsewhere.

Name: _____

Home Address: _____

Name of person to notify in case of accident or emergency:

Relationship to you: _____

Address: _____

Phone Number: _____

I certify that to the best of my knowledge I am in good health, am free from contagious disease, and know of no physical reason why I should not be able to undertake a program of graduate study.

The following chronic condition should be known to the University physician:

Please Note: INTERNATIONAL STUDENTS

I understand that I am required by the Immigration and Naturalization Service to carry health insurance while studying in the U.S. which includes coverage for major medical and accident, medical evacuation if needed, and/or repatriation of remains. If the health insurance of my home country does not cover for this while I am in the U.S., I understand that I can and must purchase an approved policy there locally.

Signature of Applicant: _____

Date: _____