Summer Research Program Insurance and Immunization Attestation

As a student participant in a summer program at the University of California, San Diego you are required to have medical insurance for the duration of your participation as well as meet the immunization requirements (TB Screening; MMR, Varicella, Tdap & Meningococcal, and COVID) outlined here: https://studenthealth.ucsd.edu/resources/health-requirements/index.html prior to your arrival.

By signing this document you are attesting that you are or will be covered by an active medical insurance policy for the duration of your participation and acknowledge that medical expenses incurred during your participation are your responsibility to resolve.

After you have activated your mystudentchart account and added your immunizations, you may have your medical insurance policy added to your mystudentchart by following the instructions below:

Student Health Insurance Verification Instructions

1. You will need your insurance card in order to complete your insurance validation. Please do this prior to starting your program.
2. Please call the UCSD Health System registration line to have your insurance verified and added to MyChart, 1-800-926-8273.
3. Tell the registration representative that you would like to receive a medical record number and you would like to add your insurance coverage.
4. The representative will ask you a number of demographic questions and will ask for your insurance information.
5. They will verify your coverage and provide you with a medical record number to use if you need to access care at UCSD Medical Center.
6. If you have further questions, please contact the UCSD Student Health Insurance Department at 858-534-2124 or email, ship3@ucsd.edu.

Participant (print): ___________________________ Date: __________
Participant (signature): ___________________________ Date: __________

For Participants under 18, a parent/guardian signature is needed.

Parent/Guardian (print): ___________________________ Date: __________
Parent/Guardian (signature): ___________________________ Date: __________