

## **Bowie State University Sports Medicine Department Absence of Primary Medical Insurance Form**

By signing this form I am certifying that neither I or my family possess any form of health insurance in which I can be covered under. This is saying that you are not covered by **ANY** form of insurance what so ever.

If a student athlete is found to be covered under any insurance plan after signing this form, they will be obligated to reimburse Bowie State University for **ALL** bills that they incur while at Bowie State University as an athlete. This form must be filled out annually since insurance policies are subject to change on a year to year basis.

All questions and concerns should be forwarded to the Head Athletic Trainer, Gerard Burley at 301-860-3581 or [gburley@bowiestate.edu](mailto:gburley@bowiestate.edu)

---

Student Athlete Name (printed)

---

Student Athlete Signature

---

Date