MAT INSURANCE FORM

As an Ohio University Lancaster Medical Assisting Technology (MAT) student, I understand that

- Liability insurance coverage is provided for a MAT student who is performing MAT program required activities.

- I must have personal health insurance coverage. If I do not have personal health insurance coverage, I know that I am personally financially responsible for any medical expenses related to any incident(s) related to Program-required activities.

_________________________________________  ____________________________
Student’s Signature                      Date

__________________________________________  ____________________________
Student Name (printed)                  OU Student PID