REQUEST TO WAIVE SHS ENROLLMENT & FEE

This approved request must be submitted to Student Health Services (SHS) during the SHS open enrollment period. Students cannot be waived retro-actively. SON students that are PT or HT status and who will not be enrolled in clinical courses for the academic year may elect to waive SHS coverage. Students that are PT or HT status and have full insurance coverage (must meet below requirements) may also waive coverage.

First Name: 
Last Name: 

Columbia E-mail: Phone Number: 
@columbia.edu

Request Date: Degree/Program:

REASON YOU ARE REQUESTING TO WAIVE SHS

☐ I certify that I am a PT or HT status student, and will not be enrolled in clinical courses this academic year.

☐ I certify that I am PT or HT status, have my own comprehensive insurance coverage which includes the below services, and am attaching proof of insurance coverage.

   1. Post exposure prophylaxis (follow-up care for occupational blood/infectious body fluid exposures)
   2. Flu vaccinations at the beginning of the flu season
   3. Multiple drug testing
   4. Confidential mental health visits

Student Responsibilities:

1. Students are responsible for paying the $30 drug-testing fee to SHS when contacted for mandatory drug-testing.

2. Students that end/lose their comprehensive insurance at any point are responsible for enrolling themselves in SHS immediately.

3. Many clinical sites require that students submit health documentation and/or multiple drug testing results prior to placement. Students that waive SHS access are responsible for meeting all pre-clinical placement requirements on their own.

Student Signature: Date:

OSS OFFICE USE ONLY

Term Registered: Student Status: Clinical Courses?

Approval Signature: Date:

Columbia University School of Nursing
Office of Student Services
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Fax: 212-342-4759