

AFFIDAVIT

I _____, of _____
Name of Student Address

Swear or affirm the following:

1. I have had no incidents of criminal behavior since the local state background check that was completed and confirmed on.

DATE of background check

2. I have had no incidents of criminal behavior since the national background check that was completed and confirmed on.

DATE of background check

3. I have not taken any illegal substances since the drug screen that was completed and confirmed on.

DATE of drug screen

I understand that I am obligated to notify the University Of Florida College Of Medicine of any incidents of criminal behavior or drug use prior to or during my requested rotation. I further understand that the University of Florida College of Medicine has the right to remove me from my requested rotation at any time.

Sworn to and subscribed before

me this _____

Signature of Student

day of _____, _____

Signature of Notary