

Healthcare Provider Statement of Medical Capability

The UF College of Health and Human Performance, in compliance with requirements established by UF Health, requires interns to obtain a *Healthcare Provider Statement of Medical Capability*, which attests to the student's medical capability for performing internship duties.

Student Intern Name:	
Date of Birth:	
Intern Contact Information:	Email: Phone: Address:

Name of School:	University of Florida
Name of Program:	Health Education and Behavior
Instructor Name:	Dr. Holly T. Moses, MCHES®
Instructor Contact Information:	Email: hmoses@hhp.ufl.edu Phone: 352-294-1635 Campus Address: 1864 Stadium Road, FLG-8, Gainesville, FL 32611

Internship Start and End Dates:	
Total Hours Requirement:	
UF Health Department Name:	
UF Health Supervisor Name:	
Supervisor Contact Information:	Email: Phone: Hospital Address:
Internship Duties and Responsibilities: <i>*Copy/Paste duties from the approved internship application.</i>	

Healthcare Provider Statement of Medical Capability

I, _____, certify that the above named student is medically capable of performing internship related duties, as described above, and is free from communicable diseases at the time of this medical visit and evaluation.

Healthcare Provider Name and Credentials: _____

Healthcare Provider Signature: _____ Date: _____