



San Diego Community College District **Declaration of No Health Insurance**

This form is used as a self-declaration for individuals who do not have health insurance for the purposes of COVID-19 testing. This information will not be used for any other purpose.

Name: _____
(PRINT) Last First MI

Date of Birth: _____

By signing this form, I attest that I do not have health insurance.

Signature: _____ **Date:** _____