

**KEARNY PUBLIC SCHOOLS  
172 MIDLAND AVENUE  
KEARNY, NEW JERSEY 07032  
201-955-5021  
201-955-0544 (FAX)  
www.kearnyschools.com**

**AFFIDAVIT OF NO HEALTH INSURANCE**

**Please complete this form only if your child requires a physical from the school physician and is not covered by health insurance.**

In accordance with **N.J.A.C. 7A:16-2.2**: "Each student medical examination shall be conducted at the medical home of the student, if a student does not have a medical home, the school district shall provide this examination at the school physician's office or other comparably equipped facility."

being of full age, on  
Print Full Name [his or her]  
oath, deposes and says:

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
Parent/Guardian (please designate) Please print student's full name

2. I swear under oath the above named student is not covered under any private or public health insurance.

**Print Name**

**Signature**

**Date**

**CERTIFICATE OF ACKNOWLEDGMENT**

(State of New Jersey)

County of \_\_\_\_\_, on \_\_\_\_\_, 20 \_\_\_\_\_ before me,

\_\_\_\_\_, Notary Public in and for said county,  
(Notary Public)

personally appeared \_\_\_\_\_,  
(Signer/Witness)

who has satisfactorily identified him/her/themselves as the signer to the above-referenced statement.

(Notary Public)

My Commission Expires

Notary Seal