

**Nova Southeastern University Health Professions Division
Certificate of Physical Examination**

Based on review of the patient's medical history, immunization records, and physical examination performed and on file in my office this date _____, it is my impression that

Name of student _____

Social Security Number _____

College Program _____

Date of Birth _____

has received the required immunizations and that he/she meets the physical requirements for attendance at Nova Southeastern University Health Professions Division.

I certify that the information herein is complete and accurate to be best of my knowledge.

Healthcare Provider Printed Name _____

Date _____

Healthcare Provider Signature _____

MANDATORY Office or Healthcare Provider Stamp:

Office Phone Number _____

Office Address _____

Once your physician has completed these forms, you may go into the Certified Background website and upload the information. Please go to www.CertifiedBackground.com and click on "Students". You will be prompted on how to proceed. Questions regarding the mandatory immunization and physical examination forms can be directed to Certified Background at (888) 666-7788.