

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 _____

Healthcare Provider Signature _____ Date _____

MANDATORY Office or Healthcare Provider Stamp:

Office Phone Number _____

Office Address _____

DO NOT MAIL records to your program office or admissions unless instructed to do so. Students must submit all immunization and physical examination forms to the tracking system specified by the program.