**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.**