



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 _____ NSU ID _____

College Program: _____ College of Pharmacy _____ Date of Birth _____

has no clinical evidence of infectious or contagious disease, that he/she 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 the best of my knowledge.

Healthcare Provider Printed Name _____ Date _____

Healthcare Provider Signature _____ **MANDATORY**
Office or Healthcare Provider Stamp:

Office Phone Number _____

Office Address _____

NOTE: Students are required to keep two (2) copies of this form for themselves. Original form will not be available to you after submission.

Return completed form to:

NSU, College of Pharmacy ♦ Office of Student Affairs ♦ 3200 South University Drive ♦
Fort Lauderdale, FL 33328