



THE UNIVERSITY *of*
MISSISSIPPI
SCHOOL OF PHARMACY

ADMINISTRATIVE PHYSICAL EXAM VERIFICATION

I certify that _____ has undergone an administrative (or comprehensive)
student

physical examination and has the general mental, emotional, and physical health to participate in
patient care experiences.

Signature of Physician/Nurse Practitioner/Physician Assistant

Date

Clinic Information below (or stamp):

Address: _____

Phone: _____