

College of Pharmacy
Office for Student Affairs
HPNP Complex

PO Box 100495
Gainesville, Florida 32610
Tel: (352) 273-6217
Fax: (352) 273-6219

Pertussis Protection-Documentation

Name of Student:

Campus Site:

Please read below and have a healthcare provider attest to an immunization against pertussis within the past five years. This immunization against pertussis can be included in an up-date for immunization against diphtheria and tetanus, which should be done every ten years and provide coverage through the time frame to complete requirements for the PharmD degree:

_____ I certify that the above individual has completed an immunization against pertussis within the previous five years. Date of pertussis immunization _____

Name of Healthcare Provider:

Address:

Signature of Healthcare Provider: