

HEALTH CERTIFICATE

Please complete and return to:
Montgomery School of Bodywork & Massage
7114 University Court
Montgomery, AL 36117
334.270.9340
Email: info@onesimpletouch.com

Student Name _____

Social Security # _____ - _____ - _____

Physician's Name _____

License # _____

Office Address _____

Office Phone _____

The remainder of this form must be completed by a licensed physician.

1. I hereby certify that a PPD (TB Screening) was administered to the above named individual at this office on _____, 20__.

Results: Negative _____ Positive _____

2. I hereby certify that the above named individual was fully examined by me at this office on _____, 20__ and found to be free of diseases communicable via massage. I hereby certify that this individual is able to participate in massage classes and able to give and receive massage during these classes.

Physician's Signature _____

Date: _____