



**CHULA VISTA POLICE DEPARTMENT
MESSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER
HEALTH CERTIFICATION FORM**

Section A – To be completed by applicant

Instructions:

- 1) A medical doctor licensed to practice in the state of California must perform the exam.
- 2) The exam must be completed no more than 30 days prior to the date of application submission.
- 3) Submit your application with this *completed* form.

Name of applicant: _____

Address: _____

Date of birth: _____ Driver's License #: _____

Section B – To be completed by Medical Doctor

The applicant named above is an applicant for a Massage Technician or Holistic Health Practitioner license, and is required to be examined by a medical doctor to ensure that the applicant is free of any contagious or communicable diseases that may be transmitted to patrons during the administration of a massage. Please complete the information requested below:

Date of Medical Exam: _____

The examination revealed that the applicant named above is:

FREE of contagious and/or communicable disease as described above

NOT FREE of contagious and/or communicable disease as described above

Additional Remarks (attach additional page if necessary):

Is there any medical reason *not* to approve a massage technician/holistic health practitioner license for this person? YES _____ NO _____ If yes, please explain:

MEDICAL OFFICE

ADDRESS

CITY

STATE

ZIP

PHONE

NAME OF EXAMINING DOCTOR (PRINT)

CALIFORNIA STATE MEDICAL LICENSE #

SIGNATURE OF EXAMINING DOCTOR

M.D./D.O.