

MASSAGE TECHNICIAN MEDICAL EXAMINATION

In accordance with Westminster Municipal Code Section 5.32.260(B) (12), which regulates the application process for massage technicians, the applicant for such permit must have a medical examination, at their expense, to verify the applicant is free of any contagious or communicable diseases, specifically; **HIV VIRUS (AIDS), SYPHILIS, GONORRHEA, TUBERCULOSIS (TB) and HEPATITIS**. This examination must be completed within thirty (30) days prior to submitting the application, or the permit will not be processed or renewed.

After the examination the applicant must have their doctor complete and sign the statement below and return this form with their application.

DOCTOR'S STATEMENT

APPLICANT: _____
(Last Name) (First Name) (Middle) (Date of Birth)

A medical examination and laboratory tests were completed on _____
(Date)

and I have determined that the above named applicant shows no evidence of any contagious or communicable diseases as listed above.

Name of laboratory test(s) performed and result(s):

1. _____
2. _____
3. _____
4. _____

Doctor's Signature: _____ Date: _____

Doctor's Name: _____ State License Number: _____

Address: _____ Phone: _____

Lab Name: _____ Phone: _____

Address: _____

I GIVE WESTMINSTER POLICE DEPARTMENT MY PERMISSION TO DISCUSS THIS REPORT WITH MY DOCTOR.

APPLICANT SIGNATURE

DATE