

MEDICAL EXAMINATION FORM

The **City of Aliso Viejo** requires that all massage technicians/practitioners obtain a license to practice massage within the city.

In accordance with the **Aliso Viejo Municipal Code Ordinance # 5-3-371(C)(5) and # 5-3-372(C)(5)**, applicants must have a certificate from a medical doctor stating that the applicant has been examined and found to be free from any contagious or communicable disease capable of being transmitted to the public or to fellow employees and the public involved in the performance of the job. This examination must be performed within thirty (30) days prior to submitting the application.

PHYSICIAN'S STATEMENT

Name/Address of Applicant

Name and Results of Laboratory Tests

Date of Exam

Results of Exam

Statement of Physician

I have examined the above named applicant and found him/her to be free from any contagious or communicable disease capable of being transmitted to the public or to fellow employees and the public involved in the performance of the job.

Name and Address of Physician (Please Print Clearly)

Signature of Physician

State License #