

MEDICAL EXAMINATION FORM

The Western Institute of Neuromuscular Therapy is a private educational institution that provides instruction in Therapeutic and Sports Massage Therapy. The institute has received approval to operate from the California Council of Private Postsecondary and Vocational Education.

In accordance with school policy, applicants must have a medical examination at his/her own expense, to verify that the applicant is in good health and that the applicant is physically able to give and receive massage therapy. No specific medical tests are required to be performed. The issuances of any laboratory test(s) are per the discretion of the examining physician. This examination must be performed within thirty (30) days prior to submitting the application.

Take this form with you to your examination and have your doctor complete and sign the statement below and return this form to The Western Institute of Neuromuscular Therapy, 22951 Mill Creek Drive, Suite A, Laguna Hills, CA, 92653.

<i>PHYSICIAN'S STATEMENT</i>	
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 I have determined that the applicant is in good health, is free from contagious disease, and is physically able to both perform and receive therapeutic massage therapy.	
Name and Address of Physician (Please Print Clearly)	Signature of Physician
	State License #
PLEASE RETURN THIS FORM IMMEDIATELY SO AS NOT TO DELAY STUDENT'S ENROLLMENT TO:	
<p>Western Institute of Neuromuscular Therapy 22951 Mill Creek Drive, Suite A Laguna Hills, CA 92653</p> <p>(949)830-6151 (949)830-1729 Fax</p>	