



Health Examination Form
for Admission to the Massage Therapy Training Program

TOP PORTION TO BE COMPLETED AND REVIEWED BY THE STUDENT (please print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All students are required to have the annual influenza vaccine if attending a Massage Therapy Training class between the months of October through March. Date administered: \_\_\_\_\_

Please bring the receipt or documentation from your health care provider two weeks before the first day of class.

Student Eligibility Requirements for Massage Therapy Training

Note to Healthcare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
Student must have completed the 2-step PPD test two weeks prior to the first day of class or bring the IGRA blood test results.

TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (please print):

2-step Tuberculin test, PPD or Mantoux type

(This is required. Form is not complete until the results are read and reported.)

Step 1 Date administered: \_\_\_\_\_ R.arm/L.arm (circle one) by whom- signature and title: \_\_\_\_\_

Date read: \_\_\_\_\_ By whom- signature and title: \_\_\_\_\_

Results: \_\_\_\_\_ mm

7-21 days after the first PPD is read Step 2 must be administered

Step 2 Date administered: \_\_\_\_\_ R.arm/L.arm (circle one) By whom- signature and title: \_\_\_\_\_

Date read: \_\_\_\_\_ By whom- signature and title: \_\_\_\_\_

Results: \_\_\_\_\_ mm

If PPD results are positive, please describe the treatment given and the date completed: \_\_\_\_\_

If PPD's are not given please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT-GIT) or SPOT® TB test (T-Spot). This test with negative results will be accepted if PPD's are not completed.

TO BE COMPLETED BY MD, DO, CRNP or PA:

Yes \_\_\_ No \_\_\_ I certify that the student/employee is free from communicable diseases in the communicable state.

Yes \_\_\_ No \_\_\_ I certify that the student/employee has no medical conditions/restrictions, which will prevent the student/employee from performing the essential function of the job. (If the student/employee has restrictions that require accommodation, please note them in the comments section below.)

Comments: If applicant has any limitations, please explain: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Examiner's Name and Title: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Tuberculin test (PPD) or IGRA blood test. Documentation is only acceptable if performed within one year prior to the start of class and must be submitted two weeks before the first day of class. A PPD expiring during the course of the class will require an annual PPD (one step) in addition to proof of the 2-step PPD.

Direct any questions to: 215-496-6158