

**ANTIOCH POLICE DEPARTMENT
MESSAGE THERAPY TECHNICIAN
MEDICAL EXAMINATION REPORT**

NAME OF APPLICANT: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

TO THE EXAMINING PHYSICIAN:

The above named individual has applied to the Antioch Police Department for a massage therapy technician permit. As part of the process, the applicant is required to obtain a current physical examination within thirty (30) days immediately prior to submitting an application “for the purpose of ascertaining that the patient is free from any contagious and communicable diseases” as required by Antioch Municipal Code 5-19.07(c)(20) and 5-19.08(c)(1).

In determining the applicant’s eligibility for medical clearance, the examination shall determine that the applicant:

1. Does not exhibit rash or open sores of the hands, arms, neck or face, and is free of contagious skin conditions;
2. Is free of signs of infection with acute Hepatitis A, B and C virus; and
3. Is non-communicable for tuberculosis as shown by a current TB skin test. A current chest x-ray is required for medical clearance of those with a positive TB skin test.

Please complete and sign the following:

I certify that I have conducted a physical examination on _____

(Name)

and have found him/her to be free from any contagious or communicable disease, to include the above minimum standards.

(Signature)

(Date)

Printed Name: _____ (M.D. or D.O.)

Address: _____

Telephone: _____