

## Health Verification Form

### Massage Therapist Program

I, \_\_\_\_\_ (applicant name, printed), authorize my health care provider to provide the requested certification:

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Health Care Provider:

Thank you for taking the time to complete the following Health Verification Form for this applicant to Whatcom Community College's massage therapist program. This form will be used as a part of the process in selecting qualified applicants for the next massage therapist cohort.

I have performed a thorough physical assessment of the applicant named above within the past six months. I understand that in order to work as a massage therapist, one requires a high level of physical, mental and emotional health including lifting/moving of equipment and assisting clients with movements as well as giving several one-hour massages in a day. It is my professional opinion that this candidate is able to successfully complete the massage therapist program and work in the field. Note: This does not preclude the applicant from requiring disability support services.

_____	_____	_____
Printed name	Title	
_____	_____	_____
Signature	Date	Phone

The Family Education Rights and Privacy Act provides access to educational records and permits the applicant the right to review and inspect this evaluation.

Please return to the applicant

Thank you for your cooperation and assistance.