



**CONCORD POLICE DEPARTMENT  
MESSAGE THERAPIST  
MEDICAL EXAMINATION REPORT**

**NAME OF APPLICANT:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**TO THE EXAMINING PHYSICIAN:**

The above named individual has applied to the Concord Police Department for a massage permit. As part of the process, the applicant is required to obtain a current physical examination within thirty 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 Concord Municipal Code 1965, section 5603; Ord. No. 880; Ord. No. 1166.

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. Does not demonstrate personal infestation with lice, scabies or other parasites;
3. Is free of signs of infection with acute Hepatitis A, B and C virus;
4. 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; and
5. Shows proof of measles and rubella vaccination, or provides a statement of immunity from his/her physician. This can be proven or disproved by a blood 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: \_\_\_\_\_