«Account_Number» «Business_Name»

MASSAGE THERAPIST

2008 RENEWAL | MEDICAL EXAM FORM

City of Los Angeles Board of Police Commissioners—Police Commission Permits

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY

SECTION A—APPLICANT, fill out items 1 and 2.

1 ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

LAST NAME (Only)

FIRST NAME (Only)

MIDDLE NAME (Only)

2 DATE OF BIRTH Month Day Year

SECTION B—MEDICAL STAFF, fill out items 3 – 7.

The person named above was given a medical examination.

3 DATE OF MEDICAL EXAM Month Day Year

The examination revealed that he/she is:

4 ☐ **IS FREE** of communicable disease.

☐ **IS NOT FREE** of communicable disease.

Do not attach any lab or test results.
The Los Angeles Municipal Code does not specify any particular medical tests. The Medical Doctor decides what is needed for the examination.

Additional Remarks:

5 MEDICAL OFFICE

ADDRESS

CITY ST ZIP CODE

6 BUSINESS TELEPHONE -- --

Examining Physician Information

7 California State Medical License # Last Name, First Name

SECTION C—DOCTOR, sign below

8 Signature of doctor:_____

NOTE: **Only a medical doctor (M.D. or D.O.) may sign this form.**
If staff other than the M.D./D.O. perform the examination, the supervising physician must sign.

The Los Angeles Police Commission does not discriminate in the issuance of permits for massage therapists on the basis of disability, including HIV.