UCHA
Bodywork College

MEDICAL AUTHORIZATION

TO PARTICIPATE IN MASSAGE THERAPY PROGRAM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

I herby authorize the above mentioned patient has no contradictions for receiving or giving massage. The patient is free from any infections or conditions, which may place themselves at risk or others at risk.

ID Number The patient may participate in wellness activities such as exercise, movement, and massage. The patient is able to participate fully in all physical, mental and emotional requirements and of massage therapist

OR:

Which requires the following reasonable accommodations while practicing massage, movement, exercise or other educational activities:

HEATH CARE PROVIDER INFORMATION

Name of Primary Healthcare Provider:

Telephone Number:

If taking prescription medications, then a prescribing professional should complete:

Signature

Primary Healthcare Provider Signature

Return Information :

Universal College of Healing Arts
8702 N 31st Street, Omaha, Ne 68112
Email to johnmayo@ucha.edu

THANK YOU