

PENNSYLVANIA MYOTHERAPY INSTITUTE

Nationally Accredited Massage Therapy School

668 Route 194 N. Abbottstown, PA 17301

(717) 259-7000

STUDENT NAME: _____ DATE: _____

ADDRESS: _____

PH: _____ DATE OF BIRTH: _____ SEX: M F

History of injuries, illness and surgeries: (Please print clearly or type and include dates)

List any disorders not listed above: (Please include both mental and physical disorders; include circulatory and respiratory conditions, skin conditions, infectious diseases, chronic pain conditions, frequent or regular occurring headaches, muscular and joint pain.) Please include dates.

Current medication(s) and any side effects student is currently experiencing from medications:

PHYSICIAN SIGNATURE : _____

Please sign and complete both sides of form.

Massage Therapy can be a physically demanding profession; some therapists are often on his/her feet many hours each day in addition to the upper body strength required for most applications of massage therapy. Participation in the PMI Professional Massage Therapy Program requires students to receive as well as perform massage therapy applications 2 - 10 hours each week, depending on the semester level.

Please list any health limitations or contraindications that would cause a health risk to the student, fellow students, or Clinic patrons, and thus preclude student's full participation in the PMI Professional Massage Therapy Program:

OTHER COMMENTS OR RECOMMENDATIONS:

Physician Signature: _____ Date: _____

Please print/type Physician name, address, phone #, or stamp: _____

I, (Print Student Name) _____, hereby authorize release of the medical information provided on this form by my physician to the Pennsylvania Myotherapy Institute. All student records are filed in a secured location for 50 years with access only to the School Director and authorized personnel. No employee, officer, or agent of PMI will release any personal information regarding a student, other than pre-authorized directory information, without first having secured a signed release form from the student. (Students may prohibit and/or limit the release of Directory Information.) The only exception to this policy will be those specific exceptions found in Federal Regulations on the Privacy Rights of Students.

STUDENT SIGNATURE: _____ DATE: _____