

Formerly The Shiatsu School of Canada

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Medical Form

Please print and take this medical form to your medical doctor (M.D.) to be completed.

Гoday's Date:	Date of Full Physical:
() Is the above in good Comments:	health and free of communicable diseases?
() Results of T.B. Test Comments:	
Is the above named person	n fit, healthy and able to work with the public?
□ Yes □ No (If No	please explain why? Thank you.)
Physician's Contact	
Address:	Doctor's Name (please prin
Phone Number:	 Doctor's Signatu