



City of Rancho Mirage  
 Community Development Department  
 69825 Highway 111  
 Rancho Mirage, CA 92270  
 (760) 770-3220

**MEDICAL SCREENING FOR A MASSAGE THERAPY PERMIT**

Per the City of Rancho Mirage Code, Section 5.17.080(N) and 5.17.150.2 (a), new and renewal applicants applying for massage therapy permits, must submit a medical certificate stating they have been screened by a licensed physician of the United States and are free of a “communicable disease”. A “communicable disease” shall mean tuberculosis, or any disease, which may be transmitted from a massage therapist to a patron through normal physical contact during the performance of any massage service.

Please complete the information requested below. If you have any questions or concerns, please call (760) 770-3220.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have examined the above named applicant and found him/her to be free of any contagious or communicable disease as described above:

The certificate must be **signed by a physician (not a nurse or PA)**.

**TB Test Results:**    **Positive**                          **Negative**   

Physician Signature:	Date of Exam:
Physician Name (Print):	Medical License Number:
Office Address:	Telephone: