



FACULTY OF HAIR DESIGN

UTOPIA ACADEMY

## **HEALTH ASSESSMENT FORM**

This signed document serves as an entrance requirement for Utopia Academy, Faculty of Hair Design.

Name of Patient: \_\_\_\_\_

Utopia Academy requires a Physician's signature confirming the above patient is in good Physical health: no back injuries, neck injuries, shoulder injuries, wrist injuries, free of communicable diseases(s) and capable of full time studies.

Overall health: \_\_\_ Excellent \_\_\_ Very good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

I have known the above individual for \_\_\_\_\_ years.

Signature of Physician: \_\_\_\_\_

Printed name of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

Abbotsford Campus:  
#400 – 2777 Gladwin Rd,  
Abbotsford, B.C.  
V2T 4V1  
Tel: 604.859.3777  
Fax: 604.859.3767