



HEALTH ASSESSMENT FORM

This signed document serves as an entrance requirement for Utopia Academy, Faculty of Massage Therapy.

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: _____

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