



City of Palm Springs

Business License Division

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262
Tel: (760) 323-8289 • Fax: (760) 322-8344 • Web: www.palmsprings-ca.gov

HEALTH CERTIFICATE

IN ACCORDANCE WITH THE PALM SPRINGS MUNICIPAL CODE CHAPTER 5.34

A medical certificate must be signed by a licensed physician in the state of California, dated within 7 days of the application, stating that the applicant is free of communicable disease.

_____ was examined by me and is free
of communicable disease that could be transferred while administering massage therapy.
Applicant's Name

Name of Physician _____ Phone _____

Address _____

CA License # _____

Physician's Signature _____ Date _____