

Chesapeake Health Department
Environmental Health
748 N. Battlefield Boulevard
Chesapeake, VA 23320
Office (757)382-8672
Fax (757)382-8713

To whom it may concern:

_____ (Patient name) has been examined, and at a minimum has had a general physical examination, which includes skin rashes/abnormalities, this is a requirement of Chapter 38 of the Massage Therapy Establishment Regulations, Sec. 38-126. **The patient appears to be in good health with no skin rashes or abnormalities.**

Physician: _____

Address: _____

Phone Number: _____

Physician Signature: _____

Date: _____