



**Medical Authorization for
Professional Massage
Therapy Training**

This authorization is required for all students entering the *Professional Massage Therapy Training Program* of Potomac Massage Training Institute (PMTI). Please complete and return this form to PMTI or to your patient at your earliest convenience. Thank you for your assistance.

The professional practice of therapeutic massage requires moderate to vigorous daily physical exertion. It involves full body strength, agility, endurance and dexterity for several hours per day, at least one hour at a time without rest. It includes the need for good range of motion, flexibility and movement of spine, and adequate cardiovascular and respiratory endurance.

NAME OF APPLICANT: _____ Date: _____

I, _____, certify that the following information
[Physician's Name]

concerning my patient, _____ is true.
[Patient's Name, as mentioned above]

A. Would any of this patient's mental or physical condition(s) known to you contraindicate or limit the weekly giving or receiving of massage? Yes _____ No _____

If Yes, please explain: _____

(Please mark one):

B. Has adequate abilities for the task of professional massage therapy as described above and is capable of participating in PMTI's massage therapy training program.

May have the following limitations: _____

C. In your opinion, is this patient capable of participating in PMTI's program? Yes ___ No _____

Signature of Physician (M.D., D.O., N.D.)

Date

Address: _____

phone: _____

email: _____