



Medical Certificate of Health Body Rub Parlour Attendant

Municipal Law Enforcement and Licensing
50 Centre Street South
Oshawa, ON L1H 3Z7

Attendant's Information

Surname (Please print)		Forename(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address	Street and Number	Telephone Number	
	City and Province	Postal Code	

I hereby authorize the City of Oshawa to make any investigation regarding this application and authorize release of the records and information to the City of Oshawa provided such information is received and discussed confidentially.

Signature	Date
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Certification (must be signed by person licensed to practice medicine in Ontario)

- Patient is free of communicable disease
- Patient is medically fit for the purposes of a Body Rub Attendant

I hereby certify that the information on this form is correct to the best of my knowledge.

Physician's Signature	Date
Physician's Name (Last, First, Middle) (Please print)	Telephone Number
Address	Postal Code

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for administering the Municipal Law Enforcement and Licensing process. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.