



State of West Virginia  
Board of Barbers and Cosmetologists  
1201 Dunbar Avenue  
Dunbar, WV 25064

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## Certificate of Health Form

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### To the Health Care Professional:

This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology, hair styling or waxing industry. Please complete the below portion of this form and sign and date the form.

### To the Applicant:

You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology, hair styling or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

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## Certificate of Health:

I am a duly licensed Physician , duly licensed Physicians Assistant , or duly licensed Nurse Practitioner , and hereby

state that in the course of a routine examination of \_\_\_\_\_, on  
*(Applicant's Name)*

\_\_\_\_\_, I found no clinical evidence of the presence of infectious or  
*(Date of Physical Examination)*

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Title: \_\_\_\_\_