

# The Healing Arts and Massage School, LLC

## Enrollment Application Form

Print or type in ink.

Course of Enrollment \_\_\_\_\_

### For Office Use:

**Date of Class** \_\_\_\_\_

Interview \_\_\_\_\_

Date of Interview \_\_\_\_\_

Affix  
Photo  
Here

Please provide a photo and the following information as completely as possible. The following application will help the school address your needs and provide the school with important information about you and your current state of health.

Name \_\_\_\_\_ Nickname \_\_\_\_\_

(As you wish for it to appear on certificates)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

How did you hear about or find the school? \_\_\_\_\_

E-mail Address \_\_\_\_\_ Drivers License #/State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

### In Case of Emergency Notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Briefly describe current state of health \_\_\_\_\_

List any health problems or existing conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Employment Information

Dates From - To	Employer Name City & State	Employer Phone	Title/Position	Reason for Leaving

## Educational Experience

Educational Institution	City and State	Certificate, Diploma, or Degree	Dates Attended

### Identify Your Participation in any Volunteer Programs or Community Service Activities

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## General and Health Information

Do you have allergies? Yes No  
Specify: \_\_\_\_\_

Do you have arthritis? Yes No  
Do you have high blood pressure? Yes No  
List any medications \_\_\_\_\_

Do you suffer from epilepsy or seizures? Yes No

Do you suffer from claustrophobia? Yes No

Do you have varicose veins or distended capillaries? Yes No

Do you have any contagious diseases? Yes No

Do you have heart disease? Yes No

Do you have diabetes? Yes No

Do you have asthma? Yes No

Have you ever or are you being treated now for cancer? Yes No

Please explain: \_\_\_\_\_

Do you suffer from any blood disorder? Yes No

Have you ever had surgery? Yes No  
Please explain: \_\_\_\_\_

Are you pregnant or nursing? Yes No

Do you wear contact lenses? Yes No

Do you have a pacemaker? Yes No

Are you currently being treated by a physician for any condition? Yes No

Please explain: \_\_\_\_\_

Do you have any other medical condition the school should know about? Yes No

Are you taking any medications (including non-prescription drugs)? Yes No

Birth Control Pills Diuretics

Accutane Vitamins/Supplements

Hormone Therapy Antibiotics

Aspirin/Ibuprofen/acetaminophen

Vitamin A (topical or internal)

Do you exercise regularly? Yes No

How would you describe your overall level of stress?

Low Medium High

Please take a moment to carefully read the catalog and the information you have provided and sign where indicated. After review of your application and interview, the school will provide notification of the admission decision. Upon admission acceptance and the receipt of a tuition deposit this application and the School Catalog become an Enrollment Agreement. Your signature affirms that the policies and procedures have been read and are understood.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Admission Staff Member \_\_\_\_\_ Date \_\_\_\_\_

The North Carolina Board of Massage and Bodywork Therapy School Committee to assure compliance with the Practice Act may review this document.