MISSOURI STATE BOARD OF COSMETOLOGY AND BARBERS P.O. BOX 1062

P.O. BOX 1062 JEFFERSON CITY, MO 65102 573-751-1052 - PHONE 573-751-8167 - FAX

STATEMENT OF MEDICAL EXAMINATION OF APPLICANT

ı	A DULV LICENSED MEDICAL DUVSICIAN
l,	_ , A DOLT LICENSED MEDICAL PHYSICIAN
LICENSED UNDER CHAPTER 334 RSMO. OF THE STATE OF,	
HAVE THIS DAY EXAMINED THE APPLICANT HEREIN, AND MY MEDICAL EXAMINATION	
REVEALS THAT THIS APPLICANT'S PHYSICAL HEALTH DOES NOT IMPEDE HIS/HER ABILITY	
TO PRACTICE AS A BARBER AND WOULD NOT EXPOSE OTHERS TO SIGNIFICANT HEALTH	
AND SAFETY RISKS. EXAMINATION MADE IN	
,STATE OF ON TH	HE DAY OF
, 20	
APPLICANTS SIGNATURE	PHYSICIANS SIGNATURE
	PHYSICIAN ASSISTANT SIGNATURE
	(if applicable)