



STATEMENT OF MEDICAL EXAMINATION OF APPLICANT

I, _____ , A DULY 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 THE _____ DAY OF
 _____ , 20 _____ .

 APPLICANTS SIGNATURE

 PHYSICIANS SIGNATURE

 PHYSICIAN ASSISTANT SIGNATURE
 (if applicable)