



State of West Virginia
Board of Barbers and Cosmetologists
Tel: (304) 558-2924
Fax: (304) 558-3450
www.wvbbs.com

MAIL ALONG WITH A COMPLETED APPLICATION FOR LICENSURE, REGISTRATION, OR CERTIFICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

Certificate of Health Form

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 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 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.

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: _____