COMMONLY ASKED QUESTIONS ABOUT MASSAGE THERAPISTS AND MASSAGE THERAPY TRAINING

What does a massage therapist do?
A massage therapist utilizes hands-on techniques to manipulate superficial and deeper layers of muscle and connective tissue. Massage then aids in the body’s natural healing processes while promoting relaxation and well-being. Massage therapists can be found working in a variety of professional environments including private practice, physician’s offices, rehabilitation centers, wellness centers, day and destination spas, and educational environments.

How long does the training take?
Massage therapy programs at Elizabeth Grady are 650 or 750 hours in length (the 750 hour program includes all spa therapies). Depending upon the schedule, students can complete a therapeutic massage program in as little as six months. Flexible day and evening schedules are available.

How much does it cost?
The 650 Hour Massage Therapy program cost is $11,500.00 and the 750 hour massage therapy program is $12,500.00. Both programs include textbooks, uniforms, and all products and supplies with the exception of a massage table for at home practice. Certain discounts may apply.

What’s available for financial aid?
Independent students/750 Hours: Can qualify for up to $7917.00 in federal loans and $4845.00 in federal grants. Dependent students/750 Hours: Can qualify for up to $4583.00 in federal loans, $4845.00 in grants, and parent PLUS loans are also available.

Independent students/650 Hours: Can qualify for up to $6861.00 in federal loans and $4200.00 in federal grants. Dependent students/650 Hours: Can qualify for up to $3972.00 in federal loans, $4200.00 in grants, and parent PLUS loans are also available.

Is more education is available?
Advanced education is available to massage graduates and continuing education is recommended. The graduate coming out of the Elizabeth Grady massage therapy program will have received a comprehensive education that includes a broad range of massage modalities, including but not limited to: Swedish, Deep Tissue, Sports, Myofascial Release, Trigger Point Therapy, Hot Stone Massage, Prenatal Massage, Geriatric, and Oncology Massage. A variety of other complimentary modalities are presented and many students choose to continue to explore them as continuing education after graduation.
STEPS TO ENROLL IN A MASSAGE PROGRAM AT
THE ELIZABETH GRADY SCHOOL

1. _____ Tour and Interview: Call 781-960-0123 to schedule a time.

The required enrollment documents listed below, numbers 2, 3, 5, & 6 are included on the following pages. You may print, complete, and bring with you to your interview or the school can provide you hard copies at the time of your interview. You also may mail, fax, or scan and email to the school.

Mailing Address: Elizabeth Grady School, 222 Boston Avenue, Medford, MA 02155
attention: Admissions

Fax Number: 781-391-4772

Email: admissions@elizabethgrady.com

2. _____ Application for Enrollment.

3. _____ Enrollment Agreement Contract.

4. _____ Deposit: Submit your Application, Contract, and Deposit of $500.00 to reserve your seat. Students who are fully loan and grant eligible may receive a reduction in the amount of the deposit. Please inquire with Financial Aid to learn more. The deposit may be paid by check, money order, MasterCard, or Visa. Credit card payment can be made over the phone by contacting Mary at 781-960-0129.

5. _____ Questions to Consider: Read and sign the Questions to Consider document. Please ask an Admissions representative if you have any questions regarding the considerations listed.

6. _____ Medical Documentation: Schedule an appointment with your physician for TB (tuberculosis) test. This test can be performed by your general practitioner or at a walk-in clinic such as the CVS Minute Clinic. Submit results prior to the first day of class.

7. _____ Photo Identification: Provide a photocopy of your state issued driver’s license, I.D., or passport. Further identification to support citizenship or eligibility may be required. A valid Alien Registration Card is required for all eligible non-citizens and an M-1 Visa is required for all ineligible non-citizens.

8. _____ Proof of Education: Provide a copy of high school diploma, college diploma, GED, or official transcripts. If you were educated in another country, please make sure that your diploma is translated and notarized. If you are unable to locate your diploma, please contact your high school to obtain and official copy of your transcript, which must include the school seal and be unopened or mailed directly from the school to Elizabeth Grady.

9. _____ Complementary Field of Study Discounts: If you retain a license or certificate in the healing arts, wellness, or beauty fields (i.e.: CAN, LPN, RN, MT, electrologist, cosmetologist, etc…) please provide proof of education and/or license to receive a $250.00 tuition discount.

10. _____ Pre-enrollment Checklist: Acknowledge the receipt of all of the vital information provided by the school that you need to know to make an informed decision about going to school.
ELIZABETH GRADY
SCHOOL OF ESTHETICS AND MASSAGE THERAPY

MASSAGE THERAPY ENROLLMENT APPLICATION

Name:___________________________________ Social Security No. Last four digits: __________

Date of Birth:____________________________ Email Address:________________________________

Home Phone #:_________________________ Cell Phone #:________________ Work Phone #:____________

Complete Address_________________________________ Street Address ____________________________
State Zip Code

U.S Citizenship Status (Check one and list ID number if applicable):

_____ Citizen/National _____ Eligible non-citizen Alien I.D. # ______________________Exp.________

Enrolling in:

_______ 750 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:00 – 4:00 p.m.

_______ 650 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:00 – 4:00 p.m.

_______ 750 Hour Day Therapeutic Massage and Spa Therapies, Monday through Friday
9:30 – 1:30 p.m.

_______ 650 Evening/Saturday Therapeutic Massage, Monday, Tuesday, Wednesday
 evenings 6:30- 9:30 p.m. and Saturdays, 9:00-3:30

Start Date:_____________________ End Date:________________

Are you applying for Financial Aid (Student Loans or Pell Grant)? Yes_____No____

Would you like a payment plan on the school balance? Yes____ No____

Uniform size: Top (XS, S, M, L, XL) _______ Pant Size (XS, S, M, L, XL) _______ Height______

EDUCATION

High School Graduated
Address Year

College/Other Education Graduated
Address Year

Elizabeth Grady School of Esthetics and Massage Therapy - Massage Therapy Program Enrollment Application – 1/3
EMPLOYMENT

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<tr>
<th>Present Employer</th>
<th>Address</th>
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MEDICAL INFORMATION

1. Please list all allergies, sight or hearing problems, learning disabilities, medical conditions including pregnancy, and prescription medications.

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2. Emergency contact:

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<tr>
<th>Name</th>
<th>Street Address</th>
<th>City/State/Zip</th>
<th>Home &amp; Cell Phone</th>
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Please answer the following questions:

1. How did you first learn or become interested in the Elizabeth Grady School?

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2. Will you devote adequate time to your studies if you are accepted? Yes No

3. In your own handwriting, tell us what most interests you about a career in the field of Massage Therapy? (Minimum 75 words)

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4. In your own handwriting, please describe how you will contribute to the educational process at the Elizabeth Grady School of Massage Therapy. (Minimum 20 words)

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Please sign and date this enrollment application and submit with your tuition deposit and Enrollment Agreement Contract. Additionally, the following items are requirements for admission and must be submitted prior to your first day of class:

- Copy of High School or College Diploma, GED, or Official Transcript
- Photo ID (State Government issued I.D., Driver’s License, or Passport) with proof of age
- Medical release documentation (TB results)
- Proof of citizenship or Student Visa if non-citizen
- IPEDS questionnaire

Student Signature: ____________________________ Date: ______________

School Administrator ____________________________ Date: ______________

Revised 06/2016
ENROLLMENT AGREEMENT CONTRACT-Massage Therapy Programs

Name: ___________________________________________ Program/Course Name: Massage Therapy

Primary telephone: _______________________________ Other: _______________________________

Email: _________________________________________ ___________________________________

Social Security Number: __________________________ Date of Birth: _________________________

PROGRAMS:

650 Hour Massage Therapy Programs:

_____ Full Time Day (9-4)  22 wks required  Hours per week- 30
_____ Part Time Eve (M, T, W, & Sat)  44 wks required  Hours per week- 15

750 Hour Massage and Spa Therapy Programs:

_____ Full Time Day (9-4)  25 wks required  Hours per week- 30
_____ Full Time Day (9:30-1:30)  38 wks required  Hours per week- 20

Start Date ___________________________ End Date ___________________________

Period beyond which late registration will not be accepted ___________________________

Applicable Discounts:

___ $250.00  Paid in Full  ___ $250.00 Complimentary Field of Study Certificate/License  ___ $250.00  Early Enrollment

_____ Multiple/Dual Program Enrollment  ____ Other specify: ____________________________

____ Total Tuition Discount  ______ School Rep. Initials

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<td>SUPPLIES:</td>
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<td>$175.00</td>
<td>$500.00</td>
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<td>TOTAL CHARGES:</td>
<td>TOTAL CHARGES:</td>
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<td>$11,500.00</td>
<td>$12,500.00</td>
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<td>DISCOUNTS*:</td>
<td>DISCOUNTS*:</td>
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<td>ADJUSTED TOTAL CHARGES:</td>
<td>ADJUSTED TOTAL CHARGES:</td>
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Method of Payment (Check all that apply):

_____ Financial Aid (Loans and/or Grants)  _____ Personal Check  _____ Business Check

_____ Money Order  _____ Cash  _____ MasterCard or Visa

_____ Other (i.e.: Veteran’s Benefits, MA Rehab, etc…) Please Specify: __________________________

Payment Terms:

_____ Payment Plan  _____ Payment in Full  _____ Other- Please Specify: __________________________
REFUND POLICY
(Numbers 1-9 as per M.G.L.C. 255 Sec. 13K)

1. You may terminate this agreement at any time.

2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program.

3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7.

4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7.

7. If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five per cent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.

8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed.

9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.

10. Students receiving assistance from Federal Title IV programs may be subject to a special refund or return to Title IV requirements as of 10/07/2000 per Federal Regulations, provided they have completed less than 60% of the payment period for which aid was or could have been disbursed. Federal regulations require the return of Title IV funds in the following order if applicable; Unsubsidized loans, Subsidized loans, Perkins loans, Plus Loans, Pell Grants, SEOG, or other Title IV.

11. Enrollment time is defined as the time elapsed between the actual starting dates of the student’s last day of physical attendance in the school. Any monies due to the student shall be refunded within fourteen (14) days of formal cancellation by the student as in Section #3 or formal cancellation by the School, which shall occur no more than thirty (30) days from the date of withdrawal or shall be the earlier of the date of expiration of the leave of absence or the date the student notifies the institution that the student will not be returning.

12. Termination by the Elizabeth Grady School: Notwithstanding the forgoing, if this contract is terminated by the School due to willful misconduct and/or the inability to maintain satisfactory progress in accordance to the schools policies and procedures, the student will be refunded monies according to the schools refund policy.

13. Once a student begins classes, books and equipment become property of the student. If the student terminates enrollment, books and equipment become non-refundable.
14. In cases of mitigating circumstances such as prolonged illness or accident, death in the family, or other situations that make it impossible to complete the course, the School shall make a settlement, which is reasonable and fair to both.

15. If a course is cancelled subsequent to a student’s enrollment, the School shall at its option; provide a refund of all monies paid or provide completion of the course.

16. If the School is permanently closed or no longer offering instruction after a student has enrolled, the student shall be entitled to a pro-rated refund of tuition.

17. The School will dismiss any student who has undocumented absences for thirty (30) consecutive days.

18. A student who is on a leave of absence and who does not return to School by their scheduled return date will be dismissed from the School.

19. There will be a $25.00 fee for missed tests to cover staffing costs to makeup examinations outside of regularly scheduled class time.

20. There will be a $20.00/hour charge for instruction past the contracted ending date listed on page 1 of this agreement.

ADMISSION REQUIREMENTS
All Admission requirements must be received by the by the first day of the start of your enrollment date found on page 1 of this agreement. Inability to meet this requirement may delay your enrollment start date.

ADDITIONAL EXPENSES
In addition to the items included in the cost of the program, massage students will be expected to incur additional expense for shoes, note-taking supplies, massage table for at home practice, and costs associated with state licensing.

PLACEMENT
The Elizabeth Grady School does not guarantee job placement but will assist in resume preparation, job interviewing skills and job placement. The Elizabeth Grady School maintains an updated job listing for graduates and alumni.

ATTENDENCE
A satisfactory attendance record is a course completion requirement. Any student missing more than 5% of classes may be placed on probationary status and any subsequent absence can result in dismissal from the school.

GRADUATION REQUIREMENTS
To fulfill graduation requirements, students must complete all contracted hours in their program as well as maintain a minimum level of proficiency of 70% in all required courses as applicable to the program of study. All tuition balances must be paid in full for all programs.

Please initial the following:

___ I understand this contract will not be in force and effect until signed by both myself and a school representative.
___ I have received a copy of the school’s complaint procedures policy.
___ I understand the refund policy as stated above.
___ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.
___ I have been provided a copy of the school’s catalog and policies electronically or by hard copy in a manner of my choosing.
___ I have received a signed copy of this contract.

By affixing your signature below you have acknowledged that you have read and received a copy of this contract.

STUDENTS SIGNATURE______________________________    DATE___________

PARENT/GUARDIAN SIGNATURE
(If applicable)_______________________________________    DATE___________

SCHOOL OFFICIALS SIGNATURE______________________    DATE___________

For School Use Only:
___________ Date of Interview    School Administrator Signature:_____________
___________ Date of Acceptance    School Administrator Signature:_____________
QUESTIONS FOR MASSAGE THERAPY STUDENTS TO CONSIDER

The massage therapy profession offers both personal and professional rewards with a variety of career options. It is important for us, your educators and advisors, for you to have considered the expectations that will be placed on you by the industry and the school.

Following is a list of questions one should consider important in making a decision to enroll at Elizabeth Grady. Please sign the bottom line to indicate you have read, understand and accept each question.

In the School:

1. On a regular basis you will be touching people while providing massage services. It is important to create integrity of touch whereby clients are receiving professional massage services where appropriate touch is used. Are you willing to explore integrity of touch and your own personal boundaries to create healthy professional boundaries?
2. Are you comfortable being touched by another student or teacher?
3. Are you willing to attend school daily with adherence to a professional dress code? This includes being in uniform, practicing exceptional hygiene, and wearing professional makeup and hair appropriate for a massage therapist.
4. Are you capable of not smoking during school hours?
5. Do you have good physical dexterity for massage?
6. Attendance is key to learning, supporting your classroom community, and a prerequisite for successful completion of your program. It is also a requirement for receiving financial aid disbursements. Are you willing to be in punctual and in attendance on a daily basis?
7. Are you willing to remove visible body piercing, with the exception of single pierced ears? The Elizabeth Grady School requires that no visible piercings be worn to maintain a level of professionalism and prevent injury during massage procedures.
8. Are you willing to cut your fingernails to fingertip length? Long nails can scratch and injure clients. Massage students are required to keep their nails short at all times.
9. Do you understand that placement is not guaranteed? Although the school maintains an ongoing list of employers and provides a strong business development module within the program, it is ultimately the student’s responsibility to lead their job search with the support of the school.
10. Are you proficient with speaking, writing and reading English? All programs are taught in English. Many ESL students have successfully completed our programs, however if you have a concern in this area please let us know so that we can help set you up for success.

In the Industry:

1. Do you enjoy working with your hands and with people?
2. Are you a good listener and communicator?
3. Do you find it gratifying helping others feel better?
4. Are you interested in health and wellness?
5. Are you capable of not smoking during working hours?
6. Are you open to selling products and yourself as a trained massage therapist?
7. Do you enjoy a fast paced environment and understand the importance of good time management? Can you appear calm in the midst of change?
8. Are you able to stand or sit for long periods?
9. Do you have good mobility of your upper and lower limbs?
10. Are you available to work evenings and weekends?
11. Have you ever been convicted of a felony or misdemeanor? A prior criminal record may impact your ability to become licensed. Massachusetts requires a CORI and SORB check as a requirement for licensing.

By signing below you acknowledge you have read the above questions to consider and agree that “yes” you are able to comply with the above educational and industry requirements to enter the field of study and profession. Should you have any questions please speak with an Admissions staff member.

Student’s Signature: ___________________________ Date ___________________________
Print Name: ___________________________ Program: ___________________________ Day/Evening __________ Start Date: ___________________________

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 781-960-0123 Fax 781-391-4772
www.elizabethgrady.edu
**Department of Education Annual Institutional Participation Educational Data Survey (IPEDS)**

Each year the Elizabeth Grady School is required to provide the US Department of Education with a summary of miscellaneous data (age, sex, marital status, etc…) called an IPEDS report. Please fill out the following information. This information will not be used for any other purpose other than this report.

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<td>Age</td>
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<td>Divorced</td>
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<td>Number of Dependent Children</td>
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<td>30,000.00+</td>
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<td>Asian</td>
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<td>Black/African American</td>
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<td>Hispanic/Latino</td>
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<td>Native Hawaiian or Pacific Islander</td>
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<td>Dependency</td>
<td>Dependant</td>
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<tr>
<td>Program/Enrollment Info</td>
<td>Full-time Day Massage</td>
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<td>General Education Diploma</td>
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Additionally, please note that a school representative will follow up with you in the year following graduation to obtain licensing and employment information. All graduates are required to respond to the graduate survey. Please join our Facebook Group *Elizabeth Grady Schools of Esthetics and Massage Therapy* and, if you have not done so already, join our e-mailing list on line at [www.elizabethgrady.edu](http://www.elizabethgrady.edu) to help keep abreast of advanced training, employment opportunities, and general announcements.
## Pre-enrollment Checklist

**Student Name**

**Program**

**Date**

I have received written information and/or accessed this information electronically via email or the school website concerning the following topics prior to receiving a copy of my signed enrollment agreement contract:

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<td>School Catalog</td>
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<td>School’s Graduation Rate</td>
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<td>School’s Licensure Rate</td>
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<td>o</td>
<td>School’s Job Placement Rate</td>
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<td>o</td>
<td>Requirements for Licensure</td>
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<tr>
<td>o</td>
<td>Prerequisites for Employment</td>
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<tr>
<td>o</td>
<td>Copy of Signed Enrollment Agreement Contract</td>
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**Student Signature:**

**Date:**

**Admissions Official:**

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Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-800-FACIALS Fax 781-391-4772
www.elizabethgrady.edu
Dear Student:

The Elizabeth Grady School requires all students to be tested for tuberculosis prior to beginning the program. This test is an intra-dermal antibody test that is requires the individual being tested to return to the medical facility 48-72 hours to be read after being planted. Test results must be dated within one year of beginning your program. If you have had a TB test in excess of one year of your start date, you must have another.

We are dedicated to promoting a healthy environment for our students, staff and clients. Testing can be performed by your regular physician or at any neighborhood clinic or hospital. Should you test positive, you are required to undergo proper treatment as prescribed by a medical doctor and/or have the results of a chest x ray with your physician stating you are able to fully participate in the program without risk to others.

Please have your physician complete the documentation below or have them supply their own documentation of your test results. Submit results to the admissions department before beginning the program. This is a requirement for admission to our program.

Sincerely,

Cate Tool
School Director

This is to certify that ___________________________ , Date of Birth_______________ has been tested for:

• Tuberculosis    (Admissions Requirement for students attending esthetician or massage programs)

Please circle result:     Positive         Negative

If positive, course of treatment:__________________________________________

Begin and end dates of treatment:__________________________________________

______________________                          __________
Physician’s Signature               Date

______________________________
Physician’s Name Printed

______________________________
Name of Medical Practice, Address and Telephone number

Additional notes:

Elizabeth Grady School of Esthetics and Massage Therapy
222 Boston Avenue
Medford, MA 02155
Phone 1-800-FACIALS Fax 781-391-4772
www.elizabethgrady.edu

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