

Dear Student,

Thank you for selecting White Mountains Community College as the beginning of your educational path to becoming a Massage Therapist.

Your Swedish I instructor will direct you to a more complete Massage Therapy Handbook on the first day of class addressing clothing, behavior and performance expectations. This instructor will also give you a list of other materials to purchase (sheets, lotions, etc.) Below I have listed items that will need to be completed prior to the start of classes.

The following forms have been included in this packet:

Health form: Please have your provider fill out the information. **Keep a copy of this for your records.**

Health Information Privacy and Safeguards Policy: Read, sign and return.

Massage Therapy Consent Form: Read, sign and return.

Criminal Background Acknowledgement: This form must be read and signed with the understanding that any conviction of the types listed preclude you from the ability to get licensed as a Massage Therapist in the state of New Hampshire.

Please mail the completed forms to:  
WMCC North Conway Academic Center  
Attn: Mark Fahlbeck  
PO Box 43  
North Conway, NH 03860  
(The forms must arrive prior to your first day of class)

Health insurance: Must be supplied to your Swedish I instructor during the first week of class.

The completion of CPR and First-aid training is mandatory to be certified and is required by the college prior to beginning clinical hours. You are responsible for this training. Area hospitals, fire departments, and ambulance companies offer these services.

If you have any questions, please feel free to contact me at [mfahlbeck@ccsnh.edu](mailto:mfahlbeck@ccsnh.edu)

Sincerely,

Mark Fahlbeck  
Massage Therapy Program Coordinator

2020 Riverside Drive, Berlin, NH 03570 • 603-752-1113 or 1-800-445-4525 • Fax 603-752-6335

EEO/AA • TTD Access: Relay NH 1-800-735-2964

Accredited by the New England Commission of Higher Education (NECHE) as a Comprehensive Community College  
Part of the Community College System of New Hampshire

WHITE MOUNTAINS COMMUNITY COLLEGE  
**Massage Therapy Health Form**

Please fill in your name and date of birth on this form. Bring this form to your physician / nurse practitioner to complete and sign. **The Massage Therapy Program Health form is to be mailed to the Program Coordinator or given to site director. This form must be received and on file in the registrar's office as soon as possible or you will not be allowed to participate in your program.**

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. DTP      Date rec'd \_\_\_\_\_
  
2. MMR (2 at least one month apart **or** titers)  
Immunizations: #1 Date rec'd \_\_\_\_\_ #2 Date rec'd \_\_\_\_\_  
\* Titer results: Rubella \_\_\_\_\_ Rubeola \_\_\_\_\_ (attach lab report)
  
3. Varicella (documented history of titer, **or** immunization)  
Documented history    Date \_\_\_\_\_ or Titer \_\_\_\_\_ (attach lab report)  
**or** Immunization, #1 Date rec'd \_\_\_\_\_ #2 Date rec'd \_\_\_\_\_
  
4. Hepatitis (series of three, must be initiated prior to class)  
#1 Date rec'd \_\_\_\_\_ #2 Date rec'd \_\_\_\_\_ #3 Date rec'd \_\_\_\_\_
  
5. Annual TB test:    Date last rec'd \_\_\_\_\_  
  
    If **positive** result    Chest x-ray date \_\_\_\_\_ Result \_\_\_\_\_

**\* Note: Please include lab slips to verify titer results.**

**CURRENT HEALTH STATUS** (allergies, chronic illnesses, medications, injuries, is the student able to perform the physical duties of a massage therapist):

---

---

---

---

---

The above information concerning this student's health record is correct.

\_\_\_\_\_  
*Provider's signature and date*

## **Health Information Privacy and Safeguards Policy**

I acknowledge that during the course of studying at White Mountains Community, I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my course of study and commit to the following obligations:

I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties. I realize that should I be removed from the internship or from class for disclosure of information, I will not be re-admitted into any medical or massage therapy program at White Mountains Community College.

### **SAFETY AGREEMENT**

Students must adhere to the following safety concerns and hygiene practices to maintain a safe working environment for themselves and the client. The following will be policy:

1. No dangling earrings or visible piercings other than the ears.
2. No rings.
3. No bracelets.
4. Hair must be up off the shoulders and away from the face.
5. Fingernails are trimmed so that they are not above the fingertips. No fake nails.
6. Students **MUST** have shoes – No bare feet.
7. General clean hygiene must be practiced.
8. Students must remain professional at all times in the class, practice universal precautions, and hand washing for all clients (which includes practicing on each other).

### **DOCUMENTATION**

By signing and returning this form, I confirm that I have received and read the document entitled “**Health Information Privacy and Safeguards Policy.**”

---

**Student – PRINT CLEARLY**

---

**Student’s Signature**

---

**Date**

WHITE MOUNTAINS COMMUNITY COLLEGE  
**Massage Therapy Consent Form**

1. I hereby authorize the performance upon \_\_\_\_\_ of massage and spa techniques by peer Massage Therapy students under the direction of a member of the White Mountains Community College Massage Therapy faculty.
  
2. I recognize that, during the course of the massage therapy program, in certain instances it is not uncommon for slight bruising or discomfort to occur. All CDC infection control measures will be considered and followed.
  
3. I recognize and understand that massage and spa techniques performed within the massage therapy program require physical contact and are done in the classroom/lab solely for instructional and teaching purposes.
  
4. Allergies: \_\_\_\_\_
  
5. The undersigned hereby agrees to indemnify White Mountains Community College and the faculty from all costs, judgments, attorney's fees and any other expenses which may be incurred by the said White Mountains Community College as a result of any claims or litigation arising out of the said classroom/lab massage therapy program on the above named massage therapy student.

I certify that I fully understand the above and agree the terms of this consent form, that the explanations, therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in before I signed.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Please return this signed form to the Massage Therapy Program Coordinator

## **Criminal Background Acknowledgement**

By signing this form, I attest that I have not been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually related crime.

I understand that ANY conviction of these types precludes me from massage licensing in the state of New Hampshire and neither White Mountains Community College nor the Community College of New Hampshire will be accountable in any way for my failure to accurately and completely disclose this information.

This form is being used in lieu of a formal background check, but I understand that I may be required at any time to submit to and pay for (at my own expense) such a check at the request of White Mountains Community College or the State of New Hampshire.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Please return to the Massage Program Coordinator prior to the start of classes