



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 New Jersey State Board of Cosmetology and Hairstyling  
 124 Halsey Street, 6th Floor, P.O. Box 45003  
 Newark, New Jersey 07101  
 (973) 504-6400



**Physician's Certificate**

I hereby certify that I have examined \_\_\_\_\_,  
First name Middle initial Last name

whose address is \_\_\_\_\_,  
Street address City State ZIP code

on \_\_\_\_\_ and found this person to be free from any evidence of infectious, contagious  
Date

or communicable diseases which could reasonably be expected to be transmitted during the course of rendering cosmetology and hairstyling, beauty culture, barbering, skin care specialty or manicuring services.

Physician's name \_\_\_\_\_  
Please print clearly

Date \_\_\_\_\_ Physician's signature \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

***Form must be submitted within 3 months of physician's signature date.***