

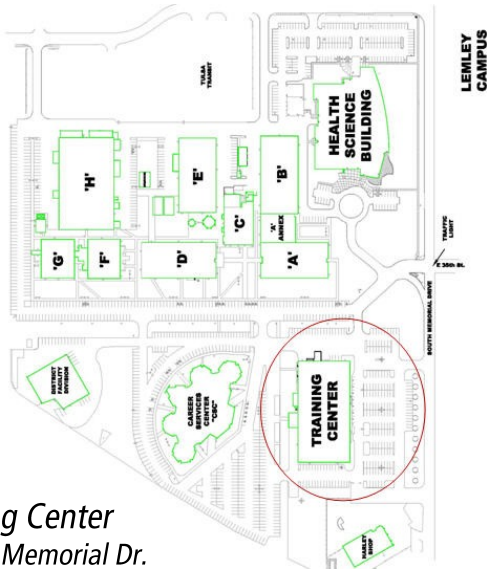


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1307
Tulsa, OK



CONTRAINDICATIONS OF MASSAGE

March - July 2012



Training Center
3638 S. Memorial Dr.
Tulsa, OK 74145

918.828.5400
Fax 918.828.5449

www.tulsatech.edu

Tulsa Tech does not discriminate on the basis of race, color, religion, national origin, gender, age, marital or veteran status, or disability.



P.O. Box 477200
Tulsa, OK 74147-7200



Adult Career Development

| √ | DATE | TIME | COURSE NAME | COST | COURSE # |
|---|---------|-----------|------------------------------|------|-----------------|
| | 3/14/12 | 9 A - 4 P | Contraindications of Massage | \$60 | HLTH-3363-S1503 |
| | 5/16/12 | 9 A - 4 P | Contraindications of Massage | \$60 | HLTH-3363-S1505 |
| | 7/18/12 | 9 A - 4 P | Contraindications of Massage | \$60 | HLTH-3363-S1507 |



Course Topics Include:

- Contraindication - What is It?
 - Why is it important?
- Client intake and medical history forms.
- Identifying the absolute contraindications of massage.
- Understanding how to keep yourself and your clients safe.

Contraindications of Massage

This course is designed to fulfill the continuing education requirement of the City of Tulsa for all people who perform massage in the city of Tulsa. The goal of this course is to teach massage therapists conditions of the skin that would prohibit massage in order to protect the client as well as the masseuse.

Upon completion of the learning module, the student should be able to:

1. Recognize skin conditions that would alert the masseuse to take precautions against the spread of disease and/or pestilence to the client, themselves and the community
2. Identify skin conditions that would warrant the client to seek medical treatment
3. Discuss safety precautions against the spread of disease



REGISTRATION FORM

PLEASE PRINT

Enroll by Mail: Tulsa Tech

Attn: **REAL ESTATE**

P. O. Box 477200 Tulsa, OK 74147-7200

Enroll by Phone 918-828-5400

Enroll by Fax: 918-828-5449

DOB/SSN _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE-CELL/BUS/HOME _____

COMPANY NAME _____

PAYMENT Payable to Tulsa Tech

CHECK CASH VISA MasterCard DISCOVER

Credit Card # _____

Expiration Date: _____

Credit Card Payer Information

Name _____

Address _____

City, State, Zip _____

CANCELLATIONS AND REFUNDS

To cancel and receive a refund or transfer to another class, simply notify us PRIOR to the beginning of class. If you reach voicemail, please leave a message.

PAID yes no

Student ID Number _____