



City of Burbank
Community Development Department
BUILDING & SAFETY DIVISION
150 N. Third Street, Burbank, CA 91502
818-238-5280

Account No.: _____
BL _____

MEDICAL TEST CERTIFICATE

This is a requirement of Burbank Municipal Code 3-4-2208.C.11

PLEASE PRINT

Date: _____

Name of Applicant: _____

Date of Examination: _____

I certify that the above-named applicant has been examined and found free from all communicable and/or contagious disease.

Signature: _____ Date _____

Name of Physician: _____

Physician's License No. : _____

Address _____ Phone _____