

Please ensure that you have ALL required documents upon submission.

**WE WILL NOT ACCEPT INCOMPLETE DOCUMENTATION / REGISTRATION**

FOR KINDERGARTEN (OR 1ST TIME ENTRY) & HEADSTART

FROM A NON-DOE SCHOOL OR OFF-ISLAND SCHOOL

FROM OTHER DOE SCHOOLS

**OFFICIAL DOCUMENTS**

ORIGINAL BIRTH CERTIFICATE / PASSPORT  
CHILD MUST BE 5 YEARS OLD ON OR BEFORE JULY 31, 2016. See page 2 for details

ORIGINAL BIRTH CERTIFICATE / PASSPORT

ORIGINAL BIRTH CERTIFICATE / PASSPORT

PARENT DRIVER'S LICENSE / US PASSPORT

PARENT / GUARDIAN DRIVER'S LICENSE OR US PASSPORT

PARENT / GUARDIAN DRIVER'S LICENSE OR US PASSPORT

TRANSCRIPT

REPORT CARD / PROGRESS REPORT

REPORT CARD / PROGRESS REPORT

ORIGINAL WITHDRAWAL FORM FROM PREVIOUS SCHOOL (TO INCLUDE HEALTH AUDIT, LOTE INFO, USDA MEAL APPLICATION)

**PROOF OF RESIDENCY**

LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION

LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION

LEASE AGREEMENT / CURRENT UTILITY BILL / WRITTEN AUTHORIZATION FROM LANDLORD / MAYOR'S VERIFICATION

**HEALTH REQUIREMENTS**

PHYSICAL EXAMINATION OR APPOINTMENT CARD (APPOINTMENT CARD WILL ONLY BE ACCEPTED IF YOUR PHYSICAL EXAM IS AFTER AUGUST 15, 2016.)

PHYSICAL EXAMINATION OR APPOINTMENT CARD (APPOINTMENT CARD WILL ONLY BE ACCEPTED IF YOUR PHYSICAL EXAM IS AFTER AUGUST 15, 2016.)

HEALTH AUDIT

SHOT RECORD REQUIRED IMMUNIZATIONS (See page 2 for details) HEADSTART (Health Audit from the Headstart Program)

SHOT RECORD REQUIRED IMMUNIZATIONS (See page 2 for details)

SHOT RECORD

## **REQUIRED DOCUMENTS**

Birth certificate: Must be official; i.e they must have either an embossed raised seal or official ink stamp. Any birth certificate bearing alteration marks may be deemed unacceptable.

Immunization Card: **FULLY IMMUNIZED ACCORDING TO DPHSS REGULATIONS.**

- (4 or 5) doses of DTP / TDAP.
- (3 or 4) doses of TOPV or IPV.
- All Grades: (2) doses of MMR.
- All Grades: (3) doses of HEP B (effective 1/4/99)
- Physical Examination : Must be within (1) year upon registration
  
- **TB SKIN TEST (PPD) WITH RESULTS.**  
The date on which the Tb skin test was conducted and the date on which the result was read must be clearly specified. **IF THE RESULT IS POSITIVE AND SHOWS A READING OF 10mm OR GREATER, THE CHILD MUST OBTAIN A TB EVALUATION CLEARANCE FORM FROM THE DEPARTMENT OF PUBLIC HEALTH IN MANGILAO BEFORE REGISTRATION CAN BE COMPLETED.**  
Test results must be within (1) one year if the child is entering from the U.S or a U.S Territory or within (6) six months if entering from a foreign country / non-U.S Territory.

## **IMPORTANT MESSAGE FROM NURSE DAVE**

**PLEASE ENSURE THAT YOUR CHILD /  
CHILDREN HAVE SPARE CLOTHING IN THE  
EVENT AN EMERGENCY OCCURS.**



DEPARTMENT OF EDUCATION

500 MARINER AVE  
BARRIGADA GU 96913-1608  
www.gdoe.net

JON J. P. FERNANDEZ

REGISTRATION PACKET – PART A

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PowerSchool Entry Codes (Check the code that applies)

<b>R2 – ENTRY / RE-ENTRY FROM ANOTHER GUAM PUBLIC SCHOOL</b> Completed registration process of a student from another Guam Public School.
<b>R3 – ENTRY / RE-ENTRY FROM GUAM NON PUBLIC SCHOOL</b> Completed registration process of a student from a Guam Non-Public School (Private-Non Profit, Charter, DODEA)
<b>R4 – ENTRY / RE-ENTRY FROM AN OFF ISLAND SCHOOL</b> Completed registration process of a student from an off island school.
<b>R5 – RE-ENTRY FROM ANOTHER GU SCHOOL AFTER WD OR EXPULSION</b> Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from Guam Public School from another Guam Public School.
<b>R6 – RE-ENTRY TO SAME SCHOOL AFTER WD OR EXPULSION</b> Completed registration process and has received school administrator's approval for re-entry of a student who has withdrawn or was expelled from the same Guam Public School.
<b>R8 – RE-ENTRY FROM ALTERNATIVE PROGRAM SCHOOL</b> Completed registration process of a student who have been attending another learning institution (Alternative School, Department of Youth Affairs/ Sagan Manhomlo (Drug and Alcohol Program) / Rays of Hope).
<b>R10 – RE-ENTRY FROM HOME SCHOOL</b> Completed registration process of a student who have been attending home school.

STUDENT NAME: \_\_\_\_\_  
Last First MI.

GENDER (M or F): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
HOUSE NO. STREET NAME VILLAGE

MAILING ADDRESS: \_\_\_\_\_  
P.O. BOX VILLAGE ZIP CODE

**REGISTRATION PACKET – PART B**

**BOARD POLICY**

Pursuant to 17 GCA §6102. "The Superintendent is authorized to establish attendance areas." A list of attendance areas shall be made available for review in the main office and at the Department Of Education's central office for examination by any interested party. A child is required to attend the school which serves the attendance area in which:

- a. His/her parents or guardians\* live; or
- b. Caretaker who is responsible for providing the student with food, clothing, or shelter in the absence of parent or legal guardian\*\*.

\*A guardian is defined as an adult other than a parent who has been lawfully invested with the power, and charged with the duty, of taking care of a child, as evidence by a court order.

\*\*The Department Of Education's procedures for dealing with children who are registered by an adult who is not the legal guardian shall be implemented whenever children are registered under these circumstances.

**Important Information For Adults Who Are Caretakers of the Children They Register:**

Child Protective Services (CPS), an agency of the Government of Guam, will be informed, by the school that you are taking care of the child listed on the front of this form and that you are not the child's guardian. This will be done in order to help the child. Please consider the following.

Because you do not have the documents described above, you do not have the authority to: 1) provide consent for medical treatment which may be needed by the child; and 2) make decisions regarding the child's education. 17 GCA.... requires educators to inform CPS whenever this type of situation occurs.

CPS is responsible for investigating these types of situations to determine what needs to be done to enable children to obtain the medical and educational care described above. CPS will work with the adult or caregiver to determine how to best do this.

The Caretaker and the school are both responsible for following up every 30 days on the legal guardianship status for the child. The school is responsible for documenting the efforts in PowerSchool to track the progress.

**RESIDES WITH (Check the code that applies)**

**RELATIONSHIP NAME OF PERSON(S) STUDENT RESIDES WITH:**

<input type="checkbox"/>	F FATHER ONLY
<input type="checkbox"/>	M MOTHER ONLY
<input type="checkbox"/>	P PARENTS
<input type="checkbox"/>	G GUARDIAN
<input type="checkbox"/>	GM GRANDMOTHER
<input type="checkbox"/>	GF GRANDFATHER
<input type="checkbox"/>	GP GRANDPARENTS
<input type="checkbox"/>	CG CARETAKER

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED:**

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**DATES OF ATTENDANCE:**

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**REGISTRATION PACKET – PART C**

**ETHNIC BACKGROUND - NEEDED FOR STATISTICAL PURPOSES – (CIRCLE ONE)**

- |                        |               |                     |
|------------------------|---------------|---------------------|
| A CHAMORRO             | G KOREAN      | P VIETNAMESE        |
| AR ROTA                | H HAWAIIAN    | Q HISPANIC          |
| AS SAIPAN              | I SAMOA       | R AMERICAN INDIAN / |
| AT TINIAN              | J KOSRAEAN    | ALASKAN NATIVE      |
| B FILIPINO             | K POHNPEIAN   | S INDONESIAN        |
| C WHITE (NOT HISPANIC) | L CHUUKESSE   | T OTHER PACIFIC     |
| D AFRICAN AMERICAN     | M YAPESE      | ISLANDER            |
| E JAPANESE             | N MARSHALLESE | U OTHERS (MIXED)    |
| F CHINESE              | O BELAUAN     |                     |

**FEDERAL STATUS (CIRCLE ONE)**

- |                           |                            |                     |
|---------------------------|----------------------------|---------------------|
| A. NAVY (MILITARY)        | H. COAST GUARD (CIVILIAN)  | O. NATIONAL GUARD   |
| B. NAVY (CIVILIAN)        | I. MARINE CORPS (MILITARY) | (INACTIVE/PRT-TIME) |
| C. AIR FORCE (MILITARY)   | J. MARINE CORPS (CIVILIAN) | P. RETIRED MILITARY |
| D. AIR FORCE (CIVILIAN)   | K. OTHER FEDERAL AGENCIES  | Q. ACTIVE           |
| E. ARMY (MILITARY)        | L. STUDENT I-20            | RESERVES/NATIONAL   |
| F. ARMY (CIVILIAN)        | M. ALL OTHERS              | GUARD               |
| G. COAST GUARD (MILITARY) | N. RESERVES (INACTIVE/PT)  |                     |

**LIVING STATUS (CIRCLE ONE)**

- |  |                                 |
|--|---------------------------------|
| 1 LIVE & WORK ON FEDERAL PROPERTY<br>COST HOUSING) | 3 LIVE ON FEDERAL PROPERTY (LOW |
| 2 WORK ON FEDERAL PROPERTY                         | 4 NON-FEDERALLY CONNECTED       |

**CITIZENSHIP (CIRCLE ONE)**

- |   |                       |
|---|-----------------------|
| 1 US CITIZEN                            | 5 FSM CITIZEN         |
| 2 CNMI CITIZEN                          | 6 MARSHALLESE CITIZEN |
| 3 PERMANENT RESIDENT ALIEN (GREEN CARD) | 7 BELAUAN CITIZEN     |
| 4 1-20/FOREIGN STUDENT/F – VISA         | 8 H-4 VISA            |

REGISTRATION PACKET - PART D

**EMERGENCY CONTACT / MEDICAL**

**CONTACT # 1**

LAST NAME

FIRST

HOME PHONE#

CELL #

WORK PHONE#

**CONTACT # 2**

LAST NAME

FIRST

HOME PHONE#

CELL #

WORK PHONE#

**CONTACT # 3**

LAST NAME

FIRST

HOME PHONE#

CELL #

WORK PHONE#

*Parent Signature:*

*Date*

**REGISTRATION PACKET – PART E**

**PARENT/GUARDIAN INFORMATION**

**Office of Civil Rights (OCR) Title VI ensures equitable treatment based on race, color and national origin.**

1. Do you speak English? (circle one) YES or NO
2. Are you able to read in your native language? (circle one) YES or NO
3. Do you need an interpreter to complete the registration packet? (circle one) YES or NO

**FOR SCHOOL USE ONLY:**

If "NO" is answered for #1 or #2 or "YES" to #3, regarding the OCR questions above, the school must provide a copy of the registration packet to the assigned Social Worker.

**FATHER OR GUARDIAN'S NAME**

**MOTHER OR GUARDIAN'S NAME**

\_\_\_\_\_  
LAST                  FIRST                  MI.

\_\_\_\_\_  
LAST                  FIRST

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
PLACE OF EMPLOYMENT:

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
WORK TELEPHONE NUMBER

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO.

\_\_\_\_\_  
HOME TELEPHONE NO. / MOBILE PHONE NO.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

**By affixing my signature below, I affirm the information provided is true and correct to the best of my knowledge. If any of the information is found to be false, fraudulent, or inaccurate, the parent will be promptly notified, and the student shall be dis-enrolled and sent to his/her respective school attendance area.**

\_\_\_\_\_  
(Print) PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**REGISTRATION PACKET – PART F**

**PLACEMENT & POLICIES INFORMATION FORM**

**I. SERVICES RECEIVED**

Please circle services your child is receiving or has received:

- A. Special Education Services
- B. English as a Second Language
- C. Section 504 Accommodations
- D. Individualized Health Plan
- E. Free/Reduced Meals
- F. Other: \_\_\_\_\_
- G. None



**Guam Department of Education  
HOME LANGUAGE SURVEY**

School \_\_\_\_\_

Student's Name			Date of Birth	Grade
Last	First	MI		

Federal Law and Guam Education Policy Board/Guam Department of Education policy requires schools to determine the language(s) spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

Please circle one for each question.

**1. Which language did your son or daughter speak when he or she first began to talk?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language:

**2. What language does your son or daughter most frequently speak at home?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language:

**3. What language does your son or daughter most frequently speak with friends?**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language:

**4. What language do you use most frequently to speak to your son or daughter?**

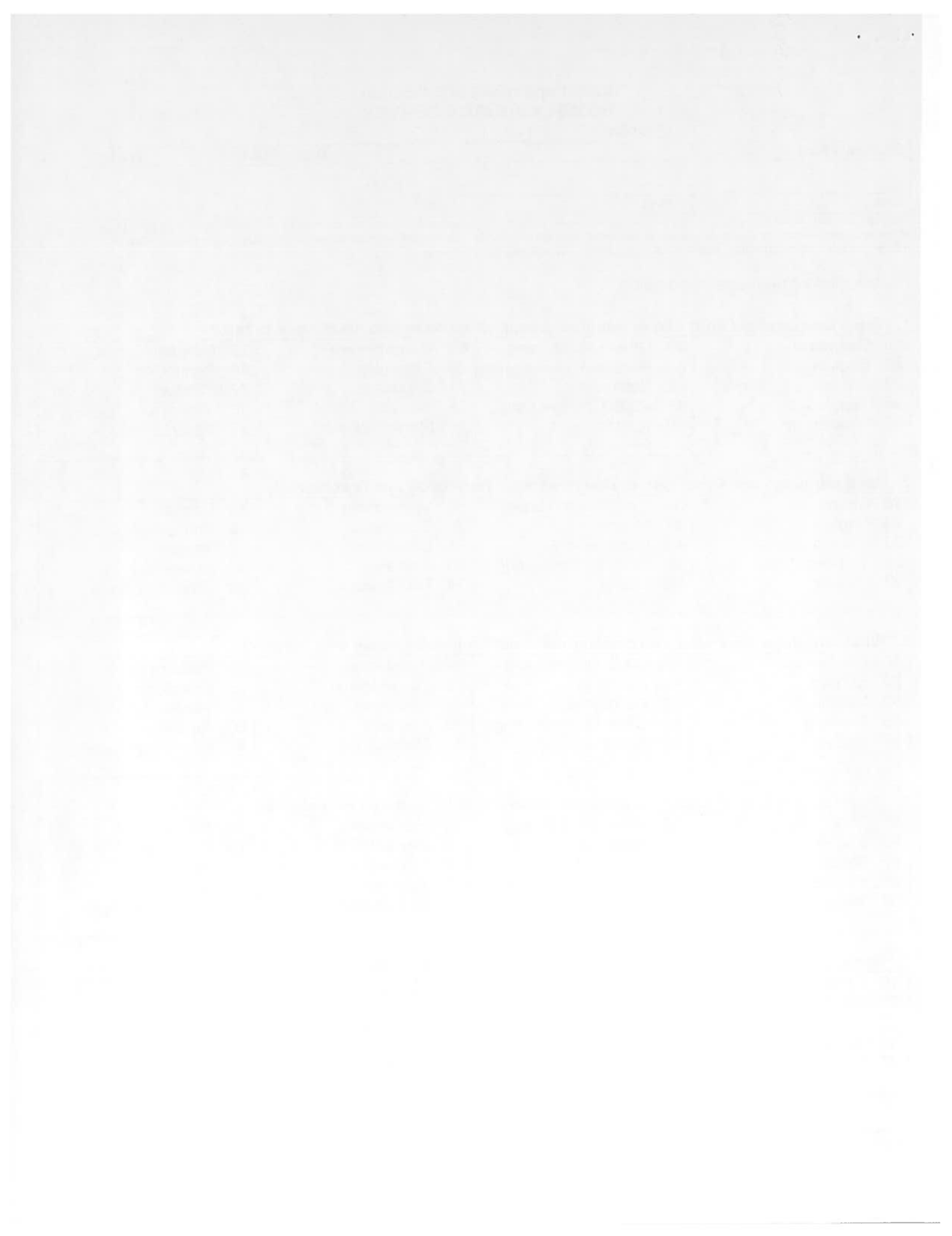
10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language:

**5. Name the language(s) most often spoken by the adults at home.**

10 Chamorro	39 Other Filipino Lang.	60 Vietnamese	75 Palauan
20 English	41 Mandarin	70 Carolinian	76 Pohnpeian
32 Ilocano	42 Cantonese	71 Chuukese	77 Yapese
35 Tagalog	45 Other Chinese Lang.	73 Kosrean	80 Japanese
37 Visayan	50 Korean	74 Marshallese	99 Other Language:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**SCHOOL: CHIEF BRODIE MEMORIAL ELEMENTARY SCHOOL**

RM#

NAME OF STUDENT

Last Name

First Name

MI

<b>10</b>	CHAMORRO	<b>42</b>	CANTONESE	<b>74</b>	MARSHALLESE
<b>20</b>	ENGLISH	<b>50</b>	VIETNAMESE	<b>75</b>	PALAUAN
<b>32</b>	ILOCANO	<b>60</b>	KOREAN	<b>76</b>	POHNPEIAN
<b>35</b>	TAGOLOG	<b>70</b>	CAROLINIAN	<b>77</b>	YAPESE
<b>37</b>	VISAYAN	<b>71</b>	CHUUKESE	<b>80</b>	JAPANESE
<b>41</b>	MANDARIN	<b>73</b>	KOSRAEAN	<b>99</b>	OTHER LANGUAGE

**WRITE IN THE NUMBER THAT APPLIES TO YOUR LANGUAGE. (ABOVE)**

1. WHAT LANGUAGE DID YOU SPEAK WHEN HE / SHE BEGAN TO TALK:
2. WHAT LANGUAGE DOES YOUR CHILD SPEAK MOST FREQUENTLY AT HOME?
3. WHAT LANGUAGE DOES YOUR CHILD SPEAK MOST FREQUENTLY TO FRIENDS?
4. WHAT LANGUAGE DO YOU SPEAK MOST FREQUENTLY TO YOUR CHILD?
5. WHAT LANGUAGE DO THE ADULTS SPEAK MOST FREQUENTLY IN YOUR HOME?

**ETHNIC BACK GROUND: (WHAT IS YOUR NATIONALITY?)**

PLEASE CHECK MARK ONE:



<input type="checkbox"/>	CHAMORRO	<input type="checkbox"/>	CANTONESE	<input type="checkbox"/>	MARSHALLESE
<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>	PALAUAN
<input type="checkbox"/>	ILOCANO	<input type="checkbox"/>	KOREAN	<input type="checkbox"/>	POHNPEIAN
<input type="checkbox"/>	TAGOLOG	<input type="checkbox"/>	CAROLINIAN	<input type="checkbox"/>	YAPESE
<input type="checkbox"/>	VISAYAN	<input type="checkbox"/>	CHUUKESE	<input type="checkbox"/>	JAPANESE
<input type="checkbox"/>	MANDARIN	<input type="checkbox"/>	KOSRAEAN	<input type="checkbox"/>	OTHER LANGUAGE

**WHAT IS YOUR CITIZENSHIP**

PLEASE CHECK MARK ONE:

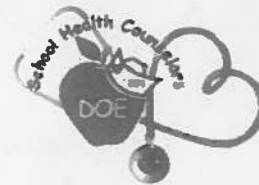


<input type="checkbox"/>	US CITIZEN	<input type="checkbox"/>	FSM CITIZEN
<input type="checkbox"/>	CNMI CITIZEN	<input type="checkbox"/>	MARSHALLESE
<input type="checkbox"/>	PERMANENT RESIDENT (GREEN CARD)	<input type="checkbox"/>	BELAUAN CITIZEN
<input type="checkbox"/>	I-20/FOREIGN STUDENT / F-1 VISA		





Guam Department of Education  
500 Mariner Avenue  
Barrigada, GU 96913



Mode of Transportation  Bus Rider  Car Rider  Walker

**DEPARTMENT OF EDUCATION**  
**Emergency Information & Health Form (EIHf)**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
*Last First Middle Initial*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female Grade: \_\_\_\_\_ Room: \_\_\_\_ Ethnicity: \_\_\_\_\_  
*Month Day Year (circle one)*

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer/Dept.: \_\_\_\_\_ Employer/Dept.: \_\_\_\_\_

WorkPhone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

It is REQUIRED to provide an alternate contact name and number of an adult who can pick your child up from school if you cannot be contacted. All adults will be required to show photo identification when picking up your child. Students will be released ONLY to those listed below.

	Name	Relationship to Child	Home Phone	Work Phone	Cell Phone
1					
2					
3					
4					

In the event of a food borne illness, DOE/DPHSS are authorized to obtain stool/vomit samples from the child in the interest of Public Health.  Yes  No

I give permission for the ambulance to transport my child to  GMH  Naval Hospital  
 GRMC Insurance: \_\_\_\_\_

In case of an Emergency, DOE Reserves the Right to release contact information to your child's bus driver or the Superintendent of Operations, Department of Public Works.

My child is able to participate in regular PE class.  Yes  No If "NO" a Health Care Provider clearance is required

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Basic Health Data

(To be filled out by Parent/Guardian(s) to effectively meet the health needs of your child at school.)

Yes	No	Complete checklist below regarding your Child						
		Rheumatic Fever						
		Diabetes						
		Heart Disease						
		Skin Problems	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Other		
		Seizures		Date of last seizure:				
		Hearing Problem		Hearing Aid:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Vision Problem		Glasses or Contact Lenses	<input type="checkbox"/>			
		Asthma	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Nebulizer	Date of last asthma attack:	
		Allergy to:	<input type="checkbox"/>	Food	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Other; specify:
		Allergy to:	<input type="checkbox"/>	Bee Sting	<input type="checkbox"/>	Insect Bite	Type of reaction:	
		Epipen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ER visit for reaction	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Current Medication(s):		Reason:				
		Other Serious Illness or Injury:						
		Other Physical or Mental Problems or Concerns:						

*(Please Draw a Map to your Residence)*

*List the names of all your children who are attending this school (including Head Start) from the oldest to the youngest.*

	Child's Name	Grade	Room
1			
2			
3			
4			
5			



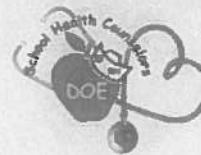
# DEPARTMENT OF EDUCATION

## MEDICAL CLEARANCE FORM

Manuel F.L. Guerrero Administration Building, 2<sup>nd</sup> Floor

P.O. Box DE Hågatña, Guam 96932

Telephone: (671) 300-1636



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PART I: IMMUNIZATION AND TB STATUS

A copy of the Official Immunization Record must be attached. Such record must indicate the specific immunizations and results of a TB skin test and date on which they were received. Please refer to Board Policy 337 or the specific requirements. (See Reverse for Board Policy 337)

### PART II: PHYSICAL EXAMINATION (To be completed by medical professional)

T-P-R-BP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Height: \_\_\_\_\_ Vision: Right \_\_\_\_\_ Hearing: Right \_\_\_\_\_  
 Weight: \_\_\_\_\_ Left \_\_\_\_\_ Left \_\_\_\_\_

Please check each line	Normal	Abnormal	Not Examined	Findings
General Appearance				
Skin, Hair, Nails				
Eyes: External (pupils, cornea)				
Optic Fundus				
Muscle Balance				
Ears: External				
Auditory Acuity				
Tympanic membrane				
Nose, Mouth, Pharynx, Larynx				
Speech				
Teeth, Gums				
Neck, Lymph Nodes, Thyroid				
Cardiovascular				
Respiratory				
Gastrointestinal				
Genito-urinary				
Muscular-Skeletal				
Scoliosis Screening				
Neurological Impressions				
Nutritional Status				
Behavior during examination				
Other				

Diagnosis/Findings \_\_\_\_\_  
 Summary of Findings, Treatments, and Recommendations  
 Advice & Treatment Given \_\_\_\_\_  
 Recommendations & Follow-up Plan \_\_\_\_\_

### PART III: LABORATORY TESTS (If Required)

Hemoglobin: \_\_\_\_\_ Date: \_\_\_\_\_ Hematocrit: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Test: \_\_\_\_\_ Result: \_\_\_\_\_ Date: \_\_\_\_\_

### WHAT IS YOUR OPINION OF THIS CHILD'S HEALTH?

// Perfectly Healthy      // Specific Problem      // Special Healthcare Needs

This child is physically fit to participate in physical education and/or athletic events and related activities?  
 \_\_\_ Yes \_\_\_ No

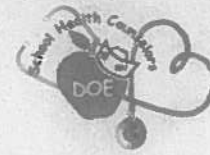
Name of Examiner (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Clinic & Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY PARENTS**



DEPARTMENT OF EDUCATION
MEDICAL CLEARANCE FORM

Manuel F.L. Guerrero Administration Building, 2nd Floor
P.O. Box DE Hagatña, Guam 96932
Telephone: (671) 300-1636



HEALTH HISTORY (Please indicate age or year of condition on the space provided below)

- Anemia, Asthma, Chicken Pox, Convulsions/Seizures, Diabetes, Measles, Hay Fever, Hearing Problem, Heart Disease, Hernia, Mumps, Rheumatic Fever, Skin Disorder, Tuberculosis, Vision Problem, Other

- 1. Head Injuries...Year Results
2. Fractures...Year Results
3. Previous Hospitalization...Year Results
4. Allergies (please list)
5. Taking any medication(s)? Yes No
Name of Medication(s):
Reason/Diagnosis:
6. Special medical needs (please explain or specify):
7. Prosthesis (please explain or specify):
8. Glasses or Hearing aid:
9. Any medical reason why this child should not participate in physical education or related activities?
Yes No
Please Explain

It is important to notify the School Health Counselor or principal of any pertinent change in health status, temporary or otherwise.

Students must submit valid documentation showing completion of a Physical Examination, Immunizations when they are due, Results of a TB skin test, & Emergency Information Card. (Board policy 337 - Health Requirements)

Students who plan to participate in interscholastic activities/athletics must submit the Parental Consent & Athletic Clearance form. (GIAA Rule VII, Student Eligibility, Section 5 - Parent Consent/Medical Form)

Parent/Guardian Signature

Date

BOARD POLICY 337: IMMUNIZATION & HEALTH REQUIREMENTS

- 1. An official immunization card, or a statement on official medical letterhead which has been signed by duly authorized medical personnel, or a copy of (or original) school health records, any of which clearly shows the dates on which the child has received:
a) 1 dose DTaP/DTP/DT or Td if the child is 7 or more years of age. 1 dose of TD is required if 10 years elapsed since last DTaP/DTP/DT.
b) 1 dose of TOPV or IPV
c) for K - 12 students: 2 doses of MMR\*, provided the second MMR (MMR2) was received no sooner than 30 days after receipt of the initial MMR\* - for Head Start and K-12 grade students: one dose of MMR\* or MR if the child is 7 or more years of age, \* the first MMR (MMR1) must be received no sooner than the first birthday to be considered valid
d) for K-First grade students: 1 dose of Hepatitis B
Note: Items a, b, c, and d represent only the minimal immunizations required for registration. Students are required to present valid documentation after registration of having received follow-up immunizations as a condition for continued school enrollment.
2. The results of a TB skin test conducted within a year prior to registration if the child is entering from the U.S.A. or U.S. Territories, or within 6 months prior to registration if the child is entering from a non-U.S. territory.
a) If the results are positive (e.g. a reading of 10 mm or greater) the child must obtain a TB Evaluation Clearance Form from the Department of Public Health in Mangilao before registration can be completed. Call the Communicable Disease Center at 735-7135; or make an appointment if this evaluation is needed.
b) TB skin test will be required for all DOE students who will transition from elementary to middle school and middle to high school at sixth and ninth grade.
3. The results of a physical exam current within one year prior to or after entry into any school system or official documentation which shows that a physical exam has been scheduled for the child. Physical exams will be required for transitioning students from elementary to middle school and middle to high schools at sixth and ninth grade. If a student presents with a medical concern or diagnosis the SHC may require an updated medical clearance for school attendance or PE.
Note: A student who does not submit the results of a scheduled physical exam by the school day after the scheduled date will be excluded from school until the results are submitted.
4. A completed Emergency Information Card annually [provided by the school].