



DEPARTMENT OF EDUCATION

HEALTH REQUIREMENT FORM

500 Mariner Avenue
Barrigada Guam 96913
Telephone: (671) 300 1631
Fax: (671) 472 5001



School: _____

Dear Parent/Guardian of _____ Date of Birth _____ Grade/Room _____

Valid Documentation¹ must be presented to your child's school showing that he/she has completed the health requirements checked below to:

Register for school.

This item applies only to the Department of Education's minimum health related registration requirements. If applicable, you will be informed of follow-up health requirements which your child will have to meet in order to be allowed to remain in school.

Remain in school. The required documentation must be presented to your child's school by _____.
Your child will be excluded from school if it is not submitted by this date, or by the school day after the date shown on an appointment card/letter indicating when the immunization will be received.

____ DTP/DTaP# ____ or Td/DTaP# ____ (if the child is seven years of age or older)

____ IPV/TOPV# ____

____ MMR# ____ (MMR# 1 is not valid if received before the first birthday)

____ Hep B# ____

____ Hib# ____

____ Tb skin test **RESULT**, **The date on which the Tb skin test was given AND the date on which the result was read must be clearly written.** If the result is positive (shows a reading of 10mm or greater) the child must get a Tb Evaluation Clearance Form from the Department of Public Health in Mangilao² within 3 weeks of registration to be allowed to remain in school.

____ Tb Evaluation Clearance Form from the Department of Public Health in Mangilao. Temporary clearance will/has Expire (d) on _____.

____ **Physical Examination** or appointment card which shows that a physical examination has been scheduled.

Comments: _____

Students needing immunizations or a Tb skin test can obtain them for free from the Department of Public Health and Social Services Clinics in Mangilao and Dededo if they are not covered by health insurance.

Signature and Title

Date

¹ The only type of documentation that will be accepted as valid are: an official immunization record, a note on official medical letterhead signed by duly authorized medical personnel or official school health records, provided each type of documentation clearly shows the dates each specific immunization was received.

² Call the Tb Control section of the Department of Public Health at 735-7145 or 735-7157 to make an appointment for this evaluation.