



DIPATTAMENTON ASUNTON MANHOBEN

Department of Youth Affairs

Government of Guam

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Barrigada, Guam 96921

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M E D I C A L H I S T O R Y

[]HAYA []KATTAN []LAGU

COMMUNITY SOCIAL DEVELOPMENT UNIT

****PLEASE PROVIDE A COPY OF AN IMMUNIZATION (SHOT) RECORD AND COVID-19 VACCINATION CARD****

NAME: _____

DOB: _____

MEDICAL INSURANCE: _____

Last Physical Examination:	Date:	Last TB/PPD Skin Test:	Date:
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Last Dental Examination/Check-Up	Date:
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COVID-19 HISTORY

COVID- 19 Vaccinated	Yes / No
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First Dose	Pfizer / Moderna / Johnson & Johnson	Date:
Second Dose	Pfizer / Moderna / Johnson & Johnson	Date:
Booster	Pfizer / Moderna / Johnson & Johnson	Date:
Other		Date:
Other		Date:

IMMUNIZATION HISTORY

Hepatitis B	Yes / No	Inactivated Poliovirus	Yes / No
Rotavirus	Yes / No	Influenza (Flu)	Yes / No
Diphtheria, Tetanus, Pertussis	Yes / No	Measles, Mumps, Rubella	Yes / No
Haemophilus influenzae type b	Yes / No	Varicella	Yes / No
Pneumococcal	Yes / No	Hepatitis A	Yes / No

Circle Yes or No if your child had or currently has any of the following:

ILLNESS/SYMPTOM	Circle One	ILLNESS/SYMPTOM	Circle One	ILLNESS/SYMPTOM	Circle One
Asthma/Hay Fever	Yes / No	Diabetes	Yes / No	Kidney Problems	Yes / No
Body Rashes	Yes / No	Epilepsy Seizures	Yes / No	Rheumatic Fever	Yes / No
Boils/Body Sores	Yes / No	Head/Body Lice	Yes / No	Shortness of Breath	Yes / No
Chest Pains	Yes / No	Head Injuries	Yes / No	Stomach Problems	Yes / No
Chicken Pox	Yes / No	High Blood Pressure	Yes / No	Surgeries	Yes / No
Convulsions	Yes / No	Jaundice	Yes / No	Tuberculosis	Yes / No

Does your child frequently or have any of the following?

ILLNESS/ SYMPTOM	Circle One	ILLNESS SYMPTOM	Circle One
Anxiety, Worry	Yes / No	Dizziness, Faintness	Yes / No
Colds, Sore Throats	Yes / No	Insomnia	Yes / No
Depression	Yes / No	Palpitations	Yes / No
Diarrhea	Yes / No	Recurrent Headaches	Yes / No

Additional medical information: _____

I **HEREBY CERTIFY** that the information provided in this form is **complete, true, and correct** to the best of my knowledge.

Parent/Guardian:	Print Name	Signature	Date
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DYA Staff Initials: _____

Haya Resource Center
 #321 Calle Delos Marteres Street, Agat
 Tel: (671) 565-5031/2
 Fax: (671) 565-5034

Kattan Resource Center
 #228 Teresita Street, Mangilao
 Tel: (671) 477-9557/8
 Fax: (671) 472-2912

Lagu Resource Center
 #143 Catalina Lane, Dededo
 Tel: (671) 635-4392/3
 Fax: (671) 632-0294