



**DEPARTMENT OF EDUCATION  
HUMAN RESOURCES DIVISION**

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Superintendent of Education

KATHERINE M.P. ADA  
Personnel Services Administrator

**Report of Medical Examination**

**IMPORTANT:** This report of Medical Examination must be completed and submitted within 60 days of your effective date of hire.

Issue Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

1. Name (Last, First & Middle Initial):				2. Current Position Title:	
3. Residential Address:				4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Race:		6. Date of Birth:		7. Place of Birth:	
8. Next of Kin (Please indicate Name & Relationship):					
9. Next of Kin's Address:					
<b>ALL ITEMS BELOW ARE TO BE COMPLETED BY PHYSICIAN ONLY</b>					
10. Height	11. Weight	12. Hair Color	13. Eye Color	14. Build <input type="checkbox"/> Slender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Obese	
15. Hearing: RT WV/155 v/15 LT WV/155 v/15		16. Vision: RT 20/Correct to 20/20: LT 20/Correct to 20/20:		17. Temperature:	
18. Respiration:		19. Blood Pressure: (Arm at Heart Level) Sitting      Sys Dias      Recumbent		20. Pulse: (Heart Low) 2 Minutes After Exercise - Standing      2 Minutes After Exercise - Sitting	
<b>21. Clinician Evaluation: Please check appropriate box and describe any abnormality as applicable.</b>					
Area of Examination	Normal	Abnormal	Not Examined	Description of Abnormality	
Head, Face, Neck & Scalp					
Nose, Mouth, Throat					
Sinuses					
Ears - General (Internal & External Canal) (Acoustic Acuity - Item 15)					
Drums (Perforation)					
Eyes - General (Visual Acuity - Item 16)					
Ophthalmoscopic Exam					
Pupils (Equality & Reaction)					
Ocular Movement					
Lungs & Chest					
Breast					