



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

Medical Department Check List

Kalaeloa – Oahu Campus
PO Box 75348, Kapolei HI 96707
(808)685-7141 Fax: (808)673-7536
Email: kelly.k.saloricman@hawaii.gov

For Medical Acceptance we would need the following documents listed below:

****First 3 Forms are Due at time of interview date (completely filled out)**

- Medical Aid Station Form
 - Medical/Emergency Form
 - Medical Form Part 1 (PARENT)
 - Medical Form Part 2 (CANDIDATE) - ***Will receive on date of interview (NOT IN PACKET)**

 - Medical Insurance Card
 - Sports Physical Examination - Hawaii DOE Form (Valid 1-yr from start of program)
 - TB Clearance (Valid 1-yr from start of program)
 - Complete, updated Immunization Record
 - Dental Clearance (Valid 6 months from start of program)
 - Other: _____
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- INSURANCE COVERAGE "MUST" BE ACTIVE DURING YOUR CHILD STAY IN THE PROGRAM
- ALL FORMS TO BE TURNED IN TO THE MEDICAL DEPARTMENT

❖ All major dental work must be completed prior to the start of program.

For any questions regarding any of the documents/letters needed, feel free to contact the medical department at the number listed above. Thank you, Medical Department.