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**DEPARTMENT OF DEFENSE**  
HAWAII NATIONAL GUARD  
YOUTH CHALLENGE ACADEMY  
P.O. BOX 75348  
KAPOLEI, HI 96707-0348

## Head Lice Clearance Form

### Cadet Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Reason for Clearance

A completed physician clearance of head lice is required prior to entering the program.

### Medical Provider Clearance (To Be Completed by Physician or Licensed Healthcare Provider)

#### Clinical Findings:

- No live lice observed
- No viable nits observed within ¼ inch of the scalp
- Additional treatment recommended (specify): \_\_\_\_\_

### Clearance Determination:

- Student is cleared to enter
- Clearance deferred pending additional treatment or follow-up

### Provider Information:

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Medical Practice/Clinic stamp: \_\_\_\_\_

Date: \_\_\_\_\_