

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
WRITTEN CERTIFICATION FROM PRACTITIONER

This Written Certification is only valid for one year from the date of issuance.

QUALIFIED PATIENT INFORMATION

Full Name _____ Date of Birth _____

Address _____

PRACTITIONER INFORMATION

Full Name _____

License Number _____ License Type _____

Office Address (on file with the licensing board) _____

Telephone Number _____ E-mail Address _____

DECLARATION OF STATEMENT

I certify that I have a ***bona fide practitioner-patient relationship*** with the qualified patient named above and that in my professional opinion, the qualified patient has a ***debilitating medical condition*** and I believe that the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the qualified patient. I am aware that I have to keep a copy of this written certification in the qualified patient's file and provide it upon request by the Department of Public Health and Social Services or authorized law enforcement personnel.

Practitioner's Signature _____ Date _____

Definition: *Bona fide patient-practitioner relationship* means the practitioner shall (1) review the medical history of the qualified patient, (2) provide information and explain to the qualified patient about the benefits and risks of medical cannabis, (3) perform or have performed an appropriate exam of the qualified patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the exam of the patient shall be performed by the practitioner himself or by consulting practitioner prior to issuing a recommendation for medical cannabis; and (4) initiate additional interventions and follow-up care.