

## GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES WRITTEN CERTIFICATION

This Written Certification is only valid for one (1) year from the date practitioner certified it and must be in the Qualified Patient's possession when carrying medical cannabis.

## **QUALIFIED PATIENT INFORMATION**

Full Name	Date of Birth
Guam Home Address	Email Address
Guam Mailing Address	Phone No
PRACTITIONER INFORMATION	
Full Name	Email Address
Guam License Number	License Type
Guam Office Address	Phone No
DECLARATION OF STATEMENT	
that in my professional opinion, the qualified the potential health benefits of the medical qualified patient. I am aware that I have to the same that I have to the same after certifying the qualified patient.	repatient relationship with the qualified patient named above and ed patient has a debilitating medical condition and I believe that I use of cannabis would likely outweigh the health risks for the ransmit a copy of the signed written certificate to DPHSS within nt either by fax or email. I also need to keep a copy of the written and provide it upon request by the DPHSS or authorized law
Practitioner's Signature	Date

**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.