Washington State Department of CHILDREN, YOUTH & FAMILIES

许可处 (LD)

申请人自报式医疗报告

机密

Applicant Medical Self Report CONFIDENTIAL

Applicant Name:
申请人姓名：

Medical History
医疗记录

What is the date of your last physical exam (if known)?
您上次健康检查是在何时（如果知晓）？

Current and/or past diagnosis – Have you ever been diagnosed with any of the following conditions? Please check all that apply and provide comments, if applicable. *For license renewal, please include the last three (3) years.*

☐ Heart Disease:	☐ Stroke:	☐ Hypertension
☐ Cancer:	☐ Mental Health Condition:	☐ Heart Attack
☐ Chronic Medical Condition:	☐ Kidney Disease	☐ Impaired Hearing
☐ Hereditary Condition(s):	☐ Allergies	☐ Respiratory Condition
☐ Seizure Disorder:	☐ Diabetes	☐ Impaired Sight
☐ Orthopedic Problems:	☐ Thyroid Disease	☐ Other Condition or Injury:
☐ Autoimmune Disease:	☐ Chronic Pain	

Are you currently under a physician's care for any of the diagnoses or injuries listed above? ☐ No ☐ Yes
If yes, please list diagnoses/injuries:

Have you ever participated in counseling (e.g. individual, family, group, etc.)? *For license renewal, please include the last three (3) years.*
☐ No ☐ Prefer to discuss in person ☐ Yes (optional comments)

目前和/或过去的诊断 — 您是否曾被诊断患有以下任何一种疾病？请勾选所有适用项，并作出说明（如适用）。*对于许可证续期，请注明最近三 (3) 年的情况。*

☐心脏病：	☐中风：	☐高血压
☐癌症：	☐精神疾病：	☐心脏病发作
☐慢性病：	☐肾脏疾病	☐听力受损
☐遗传性疾病：	☐过敏症	☐呼吸系统疾病
☐癫痫发作：	☐糖尿病	☐视力受损
☐骨科问题：	☐甲状腺疾病	☐其他疾病或受伤情况：
☐自身免疫性疾病：	☐慢性疼痛	

您目前是否因上述任何诊断或受伤情况正在接受医生治疗？ ☐ 否 ☐ 是
如果回答为是，请列出您的诊断/受伤情况：

您是否参加过心理辅导（如个人、家庭、小组等）？*对于许可证续期，请注明最近三 (3) 年的情况。*
☐否 ☐ 更愿意面谈 ☐ 是（可备注说明）

Please list any surgeries or hospital stays you have had and their approximate date.
Type of surgery/reason for hospitalization Date
请列出您接受过的任何手术或住院治疗及其大致日期。
手术类型/住院原因 日期

Describe your frequency and type of tobacco use, if any:
请描述您吸烟的频率和类型（如果有）：

Describe your frequency and type of recreational marijuana/THC use, if any:
请描述您使用娱乐性大麻/四氢大麻酚的频率和类型（如果有）：

Describe your frequency and type of alcohol use, if any:
请描述您饮酒的频率和类型（如果有）：

Do you have any limitations or restrictions on physical activity? ☐ No ☐ Yes
If yes, please describe:
您的身体活动是否受到任何限制或约束？ ☐ 否 ☐ 是
如果回答为是，请说明：

Medications
用药情况

Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.
请列出您目前正在服用的所有药物，包括非处方药和医用大麻。如果还有其他药物，可以附件形式列出。

Name of medication 药物名称	Dosage and frequency 剂量和频率	Condition prescribed for 针对的病症	Side Effects – Note any that may impact the care of children 副作用 — 请注明任何可能影响儿童照护的副作用

Competence
能力

Do you consider yourself mentally, physically, and emotionally competent to care for children? ☐ Yes ☐ No
If no, please explain:
您认为自己在精神、身体和情感方面有能力照护儿童吗？ ☐ 是 ☐ 否
如果回答为否，请作出解释：

Additional Comments
补充说明

Do you have any additional comments you want to include in your medical history? ☐ Yes ☐ No
您是否有任何补充说明想要包含在您的医疗记录中？ ☐ 是 ☐ 否

Signature
签名

I declare that the above information is true and correct to the best of my knowledge.
本人声明，据本人所知，上述信息真实无误。

APPLICANT NAME 申请人姓名	DATE OF BIRTH 出生日期
APPLICANT SIGNATURE 申请人签名	DATE 日期