



Applicant Medical Self Report
CONFIDENTIAL

Applicant Name:
Muurundaanan toxo:

Medical History
Jaarandi Taariqu

What is the date of your last physical exam (if known)?
Kan koota ni an ga faama an fatadun faayinden jaana (gelli a tuwinte geni)?

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.*
Faayindi kurunba ma fo xase- Ku wattu yogo domi na an raga ba? Duudoxoto an na taagumanse ro l foofo n da ni an na ado an na dantaxi, gelli a ga ra wa jaana: *Ti jaamarindi daren na, duudoxoto an na siina lagarun (3) kafu a yi.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Disease: | <input type="checkbox"/> Stroke: | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Sondon watte: | <input type="checkbox"/> Tasion xenunde: | <input type="checkbox"/> Tasio sette |
| <input type="checkbox"/> Cancer: | <input type="checkbox"/> Mental Health Condition: | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Sangara: | <input type="checkbox"/> Haqiran watte: | <input type="checkbox"/> Sondon sikke |
| <input type="checkbox"/> Chronic Medical Condition: | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Impaired Hearing |
| <input type="checkbox"/> Jangiro duumante | <input type="checkbox"/> Haridillen watte | <input type="checkbox"/> Tarun fi |
| <input type="checkbox"/> Hereditary Condition(s): | <input type="checkbox"/> Allergies | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Xiyin watte (u): | <input type="checkbox"/> Nexu | <input type="checkbox"/> Neeguyin watte |
| <input type="checkbox"/> Seizure Disorder: | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Impaired Sight |
| <input type="checkbox"/> Xenu watte: | <input type="checkbox"/> Sukaran watte | <input type="checkbox"/> Yaaxan fi |
| <input type="checkbox"/> Orthopedic Problems: | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Other Condition or Injury: |
| <input type="checkbox"/> Taa watte: | <input type="checkbox"/> Xorinkillin watte | <input type="checkbox"/> Watte tana ma joogiye: |
| <input type="checkbox"/> Autoimmune Disease: | <input type="checkbox"/> Chronic Pain | |
| <input type="checkbox"/> Faten Dugaja watte: | <input type="checkbox"/> Karandi duumante | |

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:

An wa doxotoron jaarande yi ku watti koninto ma joogiyu xannenmaxa ba? Ayi Yabo

Gelli yabo n da yi, duudoxoto na wattu ku ma joogiyu ku safa:

Have you ever participated in counseling (e.g. individual, family, group, etc.)? *For license renewal, please include the last three (3) years.*

An taqe domi walli warekillinde di ba (misaale di an baane, an do an kaadunko, ma jama; kdm.)? *Ti jaamarindi daren kurunbaaxunden na, an duudoxoto na siina lagarun (3) kafu a ya.*

- No Prefer to discuss in person Yes (optional comments)
 Ayi N a xanu in yinme ya na ken koni Yabo (an da an saga an na a dantaxi)

Please list any surgeries or hospital stays you have had and their approximate date.

An ga da operende su ma doxotoronka saqqe su na i safa ado i ja kootanu.

<u>Type of surgery/reason for hospitalization</u>	<u>Date</u>
<u>Operendin xabila ma doxotoronka saqqen maana</u>	<u>Koota</u>

Describe your frequency and type of tobacco use, if any:

Gelli an ga sira minni, a tahaqen do a xabilan moxonkoni:

Describe your frequency and type of recreational marijuana/THC use, if any:
Gelli an ga mariyuwana ma dorogu (TCH) wuttu, a tahaqen do a xabilan moxonkoni:

Describe your frequency and type of alcohol use, if any:
Gelli an ga dolo minni, a tahaqen do a xabilan moxonkoni:

Do you have any limitations or restrictions on physical activity? No Yes
Lenjuru wa an na ke be ga an kabana golli xote jaana ba? Ayi Yabo
If yes, please describe:
Gelli yabo n da yi, duudoxoto an na a moxonkoni:

Medications
Saharu

Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.
An ga yitte su wuttu hari an da na an ga ku beenu xobono jarijun di ado jaarandi mariyuwana I su safa.
Yittu tanannu ra wa yi safene daritokkinten di.

Name of medication Yitten toxo	Dosage and frequency Haqen ado tahaqen	Condition prescribed for Wuti maana	Side Effects – Note any that may impact the care of children I ga ra wa ke be walla seren na- foofo ga ra wa dexurja kijaana lenmine saahan na safa

Competence
Nan kate na a ja

Do you consider yourself mentally, physically, and emotionally competent to care for children? Yes No
If no, please explain:
An sinmayen di an haqirun, suhun ado an jaamoxonun sirun ni kuudo an na kate na lenmine soroga ba? Yabo Ayi
Gelli ayi n da yi, duudoxoto an na a moxonkoni:

Additional Comments
Dantaxindu tananu

Do you have any additional comments you want to include in your medical history? Yes No
Dantaxinde tana wa an maxa an ga a mulla na ke be kafu an jaaranden taarixun ɗa ba? Yabo Ayi

**Signature
Kittibatte**

I declare that the above information is true and correct to the best of my knowledge.
N kuna nan ti ku xibaari kinintu kanmudu ni tonɗun ya yi in tuwaaxun xenpen di.

APPLICANT NAME MUURUNDAANAN TOXO	DATE OF BIRTH SAARE KOOKA
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APPLICANT SIGNATURE MUURUNDAANAN KITTIBATTE	DATE KOOKA
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