

Warbixinta Caafimaadka Codsadaha - **SIR AH**

Applicant Medical Report - **CONFIDENTIAL**

DATE
TAARIIKHDA

Section 1: Completed by applicant. Return to local Licensing Division office.

Qaybta 1: Waxaa buuxinaya codsadaha. Ku soo celi Xafiiska Degaanka ee Qaybta Shati-bixinta.

MEDICAL PROVIDER BIXIYAHA ADEEGGA CAAFIMAADKA	PHONE AND FAX NUMBER (AREA CODE) LAMBARKA TELEFOONKA IYO FAKISKA (SUMMADA DEGAANKA)	LOCAL LICENSING DIVISION OFFICE: XAFIISKA DEGAANKA EE QAYBTA SHATI- BIXINTA:
ADDRESS NAME/LOCATION CINWAANKA MAGACA/GOOBTA		
CITY MAGAALADA	STATE GOBOLKA	ZIP CODE SUMMADA DEGAANKA
NAME OF APPLICANT MAGACA CODSADAHA		DATE OF BIRTH TAARIIKHDA DHALLASHADA

I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have initialed below. This information is required as part of a home study for foster care and/or adoption. This release of information is valid for one year from the date of my signature. **NOTE: Be sure to initial each line and sign.**

___ mental illness, ___ alcohol and drug concerns, ___ sexual and/or physical abuse, ___ domestic violence.

Waxaan halkan ugu oggolaanayaa bixiyaha caafimaadkayga in uu sii daayo macluumaadka taariikhda caafimaadkayga ay ka mid tahay, laakiin aanan ku xadidnayn, macluumaadka ku saabsan arrimaha aan hoos ku sheegay. Macluumaadkan waxaa loogu baahan yahay sida qayb ka mid ah daraasada guriga ee loogu talagalay daryeelka korinta iyo/ama korsashada. Macluumaad sii-deyntan waxaa ay ansax tahay muddo hal sano ah laga bilaabo taariikhda saxiixayga. **XASUUSNOW: Hubso in aad ku qortid xarafka bilowga magacaaga sadar kasta iyo in aad saxiixdo.**

___ jirada maskaxda, ___ walaacyada daroogada iyo khamriga, ___ xadgudub jireed iyo/ama galmo,
___ tacadiyadda guriga.

SIGNATURE OF APPLICANT
SIXIIXA CODSADAHA

DATE
TAARIIKHDA

Section 2: Completed by Medical Provider. Return to local Licensing Division office listed above.

Qaybta 2: Waxaa buuxinaya Bixiyaha Adeegga Caafimaadka. Ku soo celi Xafiiska Degaanka ee Qaybta Shati-bixinta ee kor ku xusan.

DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION) TAARIIKHDA BAARITAANKA JIREED EE UGU DAMBEEYAY (WAA IN AY NOQOTAA GUDAHA 12 BILOOD EE CODSIGA)		DATE FIRST SEEN BY PROVIDER TAARIIKHDA MARKII UGU HOREYSAY LA ARKAY BIXIYAHA	
DATE OF LAST TB TEST (FOR LICENSING ONLY) TAARIIKHDA BAARITAANKII CUDURKA QAAXADA EE UGU DAMBEEYAY (LOOGU TALAGALAY SHATI-BIXINTA OO KALIYA)	RESULTS OF LAST TB TEST (FOR LICENSING ONLY) NATIJOYINKII BAARITAANKA CUDURKA QAAXADA EE UGU DAMBEEYAY (LOOGU TALAGALAY SHATI-BIXINTA OO KALIYA)	*DATE OF LAST TDAP *TAARIIKHDA TDAP UGU DAMBEEYAY	*DATE OF LAST INFLUENZA VACCINE (FOR LICENSING ONLY) *TAARIIKHDA TALLAABKA IFILADA EE UGU DAMBEEYAY (LOOGU TALAGALAY SHATI-BIXINTA OO KALIYA)
SPECIALIST REFERRED TO TAKHASUSLAHA LAGUUGU HAGAAJIYAY	ADDRESS OF SPECIALIST CINWAANKA TAKHASUSLAHA		

***Required if caring for children under the age of two or medically fragile children**

***Loo baahan yahay haddii uu daryeelayo carruur ay da'doodu ka yar tahay laba sano ama caafimaad ahaan nugul**

REASON FOR REFERRAL SABABTA LAGUUGU HAGAAJIYAY		
CHRONIC / FREQUENT MEDICAL ISSUES SIGNIFICANT PAST MEDICAL HISTORY INCLUDING ARRIMAHA CAAFIMAADKA SOO NOQNOQDA / RAAGGA MUHIIMKA AHAA KA HOR TAARIKHDA CAAFIMAADKA OO AY KU JIRAAN		
CURRENT MEDICAL DIAGNOSIS BAARITAANADA GARASHADA CUDURKA CAAFIDMAADKA HADDA AH		
CURRENT MEDICATIONS: PLEASE STATE THE PURPOSE OF THE MEDICATION, ANTICIPATED SIDE EFFECTS AND CONCERNS IF THE MEDICATION IS NOT TAKEN, AND HOW IT AFFECTS DAILY FUNCTIONING DAAWOYINKA HADDA AH: FADLAN SHEEG UJEEDDADA DAAWADA, WAXYEELLADA IN AY LEEDAHAY LA FILAYO IYO WALAACA LAGA QABO HADDII DAAWADA AAN LA QAADAN, IYO SIDA AY U SAAMEYSO SHAQEYN TA MAALINLAHA AH		
PROGNOSIS SAADAALINTA		
PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN FADLAN SHARRAX SIDA XAALAD CAAFIMAAD KASTA AY U SAAMEYNAYSO DARYEELKA CARRUURTA DHEERAADKA AH		
COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN? FAALLOOYIN/ RAAD-REEBKA: CODSADHA MA AWOODAA IN UU DARYEELO CUNUG AMA CARRUUR DHEERAAD AH?		
MEDICAL PROVIDER SIGNATURE SAXIIXA BIXIYAHA ADEEGGA CAAFIMAADKA	PRINT NAME MAGACA QORAN	DATE TAARIKHDA

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