

Ripoot in Taktō an Armij eo ej Kateruru –

MELELE EJAB AJEDED

Applicant Medical Report - CONFIDENTIAL

RAAN
DATE

Jekjon 1: Dedelok jen ibben armij eo ej kateruru. Karool ñan Jikin Laijen eo ilo jukjukinbed.
Section 1: Completed by applicant. Return to local Licensing Division office.

ETAN RIJERBAL IN EJMOUR MEDICAL PROVIDER	NŌMBA IN TALEBON IM FAX (AREA CODE) PHONE AND FAX NUMBER (AREA CODE)	OBIJ IN LAIJEN ILO JUKJUKINBED: LOCAL LICENSING DIVISION OFFICE:	
ATOREJ IN ETAN/JIKIN ADDRESS NAME/LOCATION			
CITY	STATE	ZIP CODE	
ETAN ARMIJ EO EJ KATERURU NAME OF APPLICANT			DATE OF BIRTH

Ij kōmelim ijin bwe rijerbal in ejmour eo ej jibañ na en lelok melele in taktō ko aō jen tōrre ko moktalok ekoba, bōtab ejab jemlok wōt ñan, melele ko kin abnōnō ko emōj aō inijole etta ijin lal. Melele in ej mennin aikuj einwōt mōttan etale in lale ekkar ke imōn jokwe eo ñan kejbarok in foster im/ak kōkkajiriri.

Enaj jermal an diwōjlok melele in ilo juon yiō jen raan eo iar jaini beba in. **KEMEMEJ: Lolorjak in inijole kajojo lain im jaini etam.**

_____ nañinmij in kōmelij, _____ abnōnō kin wuno ko rekajur im arkool, _____ jorrāān jen mantin loñ im/ak manman, _____ jorrāān ko rej walok iloaan baamle.

_____ JAIN IN ETAN ARMIJ EO EJ KATERURU

_____ RAAN

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.

_____ SIGNATURE OF APPLICANT

_____ DATE

Jekjon 2: Dedelok jen Ibben Rijerbal in Ejmour. Karool ñan Obij in Laijen eo ilo jukjukinbed emōj laajrak etan ijin loñ.
Section 2: Completed by Medical Provider. Return to local Licensing Division office listed above.

RAAN IN ETALE EJMOUR IN ENBWIN EO ALIKTATA (AIKUJ ILOAN ALLON KO 12 IN ABLIKAJON EO) DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION)		RAAN RIJERBAL IN EJMOUR DATE FIRST SEEN BY PROVIDER	
RAAN EO ALIKTATA EAR BŌK TEEJ IN TB (ÑAN LAIJEN WŌT) DATE OF LAST TB TEST (FOR LICENSING ONLY)	JEMLOK KO AN TEEJ EO ALIKTATA ÑAN TB (ÑAN LAIJEN WŌT) RESULTS OF LAST TB TEST (FOR LICENSING ONLY)	*RAAN IN TDAP EO ALIKTATA *DATE OF LAST TDAP	*RAAN IN WĀ EO ÑAN INFLUENZA ALIKTATA (ÑAN LAIJEN WŌT) *DATE OF LAST INFLUENZAVACCINE (FOR LICENSING ONLY)
LEMAANLOK ÑAN RIJERBAL EO EWŌR AN JEJJETIN KAPEEL SPECIALIST REFERRED TO	ATOREJ EO AN RIJERBAL EO EWŌR AN JEJJETIN KAPEEL ADDRESS OF SPECIALIST		
WUNIN LEMAANLOK REASON FOR REFERRAL			

ABNŌNŌ IN EJMOUR KO REJAB BŌJRAK / REKUT MELELE IN TAKTŌ KO JEN TŌRRE KO MOKTALOK ELAB JOŅAER
CHRONIC / FREQUENT MEDICAL ISSUES SIGNIFICANT PAST MEDICAL HISTORY INCLUDING

***Mennin aikuj elañe rej lale ajiri ro rediklok jen ruo aer yiō ak ajiri ro ewōr aer nañinmij kauwōtata**

KAKŌLKŌLIN NAŊINMIJ EO KIŌ
CURRENT MEDICAL DIAGNOSIS

WUNO KO KIŌ: JOUJ IM KALIKAR WUNIN AN EBŌK WUNO, NAŊINMIJ AK ABNŌNŌ KO KATMĀNE AER WALOK ELAŊE EJAB BŌK WUNO KO IM
WĀWEEN JELŌT AN MAKŪTKŪT ILO JUON RAAN
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

TA EO REJ KATMĀNE ILO TŌRRE KO MAANLOK
PROGNOSIS

JOUJ IM KŌMELELE WĀWEEN AN JABDEWŌT NAŊINMIJ IN TAKTŌ JELŌT AM MARON LALE BAR JET AJIRI
PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN

ENAAAN/LŌMNAK KO: ARMIJ EO EJ KATERURU EMARON KE LALE BAR JUON AK ELOŊLOK AJIRI?
COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN?

JAIN IN ETAN RIJERBAL IN EJMOUR
MEDICAL PROVIDER SIGNATURE

JEJE IN ETAN
PRINT NAME

RAAN
DATE

***Mennin aikuj elaŊe rej lale ajiri ro rediklok jen ruo aer yiŌ ak ajiri ro ewŌr aer naŊinmij kauwŌtata**