Washington State Department of CHILDREN, YOUTH & FAMILIES

LICENSING DIVISION (LD)

ኣመልካቲ ናይ ውልቀ ሕክምና ሪፖርት ምሽጥራዊ

Applicant Medical Self Report CONFIDENTIAL

Applicant Name:

ኣመልካቲ ስም፡-

Medical History

ናይ ሕክምና ታሪኽ፡

What is the date of your last physical exam (if known)?

ናይ መወዳእታ ኣካላዊ ምርመራ ዘካየድካሉ ዕለት (ዝፍለጥ እንተድኣ ኮይኑ)?

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.*

እዋናውን/ወይ ዝሓለፈ ሕማም - እዞም ዝስዕብ ከም ዘለካ ተፈልዩ ነይሩዶ? ብኽብረትካ ኣብ ዝምልከተካ ኩሉ ምልክት ብምግባር ርኢቶ ኣቕርብ፡ ዝምልከተካ እንተኾይኑ፡፡ *ሊቖንሳ ንምሕዳስ፡ ብኽብረትካ እቶም ዝሓለፉ ሰለስተ (3) ዓመታት ኣካትት፡፡*

☐ 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	

☐ ሕማም ልቢ:	☐ ስትሮክ:	☐ ሃይፐርተንሽ
☐ መንሽሮ:	☐ ናይ ኣእምሮ ጥዕና ኩነታት:	☐ ድኻም ልቢ
☐ ሕዱር ናይ ህክምና ኩነታት:	☐ ሕማም ኩሊት	☐ ምስማዕ ምፅጋም
☐ ብዘርኢ ዝመፅእ፡	☐ ኣለርጂ	☐ ናይ ምትንፋስ ፀገም
☐ ሲጋር ፀገም:	☐ ሽኮርያ	☐ ንምርኣይ ምፅጋም
☐ ኣፅሚ ፀገም:	☐ ዕንቅሪት	☐ ካልኦት ኩነታት ወይ ጉድኣታት:
☐ ኣውቶኢመዩን ሕማም:	☐ ሕዱር ቃንዛ	

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)

ካብቶም ኣብ ላዕሊ ዝተገለፁ ሕማማት ወይ ጉድኣታታት ብሓኪም ክንክን ይግበረልኩም ኣሎዶ? ☐ ኣይፋል ☐ እወ

እወ እንተኾይኑ ብኽብረትካ እቲ ሕማም/ማህሰይቲ ግለፅ:

ኣብ ካውንስሊንግ ተሳቲፍካ ትፈልይዶ (ንኣብነት ውልቀሰባት፡ ስድራ፡ ጉጅለ)? *ሊቖንሳ ንምሕዳስ ብኽብረትካ እቶም ዝሓለፉ ሰለስተ (3) ዓመታት ኣካትት፡፡*

☐ ኣይፋል ☐ ብኣካል ምዝታይ ይመርፅ ☐ እወ (መማረፂ ርኢቶታት)

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

Type of surgery/reason for hospitalization Date

ብኽብረትኩም ዝኾነ ዓይነት መጥባሕ ወይ ሆስፒታል እንተደቂስካ ክንደይ ግዘ ከም ዝፀናሕካ ዘርዝር።

ዓይነት መጥባሕቲ/ሆስፒታል ዝኣተወሉ ምኽንያት ዕለት

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

ዝተጠቕምካሉ ዓይት ትምባሆን ትጥቀመሉ ግዘ፡ እንተድኣ ኣሎ፡

Describe your frequency and type of recreational marijuana/THC use, if any:

መዘናግዒ ማሪዋና/THC ዝተጠቕምካሉ ዓይነትን ግዘን ግለፅ፡ እንተድኣ ኣሎ፡

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

ትጥቀመሉ ዓይነት ኣልኮልን ዝተጠቕምካሉ ግዘ ግለፅ፡ እንተድኣ ኣሎ፡

Do you have any limitations or restrictions on physical activity? ☐ No ☐ Yes

If yes, please describe:

ኣካላዊ ምንቅስቓስ ንምክያድ ዝኾነ ደረት ወይ ደረት ኣለካዶ? ☐ ኣይፋል ☐ እወ

እወ እንተድኣ ኮይኑ ግለጽ።

Medications
መድሓኒታት

Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.

ብኽብረትካ ካብ ሹቕ ዝሸየጥን ሕክምና ማሪዋና ሓዊሱ እትወስዶ ኩሎም መድሓኒታት ዘርዝር። ተወሳኺ መድሓኒት ኣብቲ ዝተተሓሓዘ ክዝርዝር ይኽእል እዩ።

Name of medication ስም ሕክምና	Dosage and frequency መጠንን ክንደይ ግዘ	Condition prescribed for እቲ ዝተኣዘዘሉ ን	Side Effects – Note any that may impact the care of children ጎናዊ ሳዕቤን- ናይ ህፃናት ክንክን ፅልዋ ከሕድር ዝኽእል ዝኾነ ለውጢ መዝግብ

Competence
ተወዳዳራይነት

Do you consider yourself mentally, physically, and emotionally competent to care for children? ☐ Yes ☐ No
If no, please explain:
ህፃናት ንምክንኻን ንዓርስኻ ኣእምሯዊ፡ ኣካላውን ስምዒታዊ ብቐዕ እየ ኢልካ ትሓስብዶ? ☐ እወ ☐ ኣይፋል
ኣይፋል እንተኾይኑ ብኽብረትካ ግለፅ፡

Additional Comments
ተወሳኺ ርእይቶ

Do you have any additional comments you want to include in your medical history? ☐ Yes ☐ No
ኣብ ናይ ሕክምና ታሪኽካ ዝክተካትዎ እትደልዮ ዝኾነ ተወሳኺ ርኢቶ ኣለካዶ? ☐ እወ ☐ ኣይፋል

Signature
ክታም

I declare that the above information is true and correct to the best of my knowledge.
እቲ ኣብ ላዕሊ ዝተጠቕሰ መረዳእታ ክሳዕ ዝፈልጦ ልክዕን ትኽክልን ከም ዝኾነ ይእውጅ፡፡

APPLICANT NAME ኣመልካቲ ስም	DATE OF BIRTH ዕለት ልደት
APPLICANT SIGNATURE ፊርማ ኣመልካቲ	DATE ዕለት