



Rekoot in takto an eo ej kanne pepa in - TENKWADRIK
Applicant Medical Report - CONFIDENTIAL

DATE RAN EO

Section 1: Completed by Applicant and sent to Medical Provider
Jekjen 1: Kededeiklok jen eo ej kanne im jilikin lok nan eo ej lorlorjake ejmour eo am

MEDICAL PROVIDER RI-LORLORJAKE EJMOUR	PHONE NUMBER (AREA CODE) TELPOON NOMBA (AREA CODE)	RETURN TO CA WORKER KOROL LOK NAN RI-JERBAL RO AN CA	
ADDRESS ATREEJ			
CITY JIKIN EO	STATE BUKON EO	ZIP CODE ZIP CODE	
NAME OF APPLICANT ETAN EO EJ KANNE PEPA IN			DATE OF BIRTH RAN IN LOTAK

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 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.

Ij kemelim takto eo ao bwe en kwalok melele ko kin wawin ejmour ie an ekoba, im ejba bojak wot ilo, melele kein rej walok ijin ilal. Melele kein rej jet ko raurok einwot menin katakin ko ilo imoko nan ro rej kakajiriri ak/ak aje nejier. Melele kein rej driwojlok rej jejet iumwin juon iio jen ran eo rar jaini. **KOJELA: Jab meloklok in je etam ilo aoleb peij ko im jaini.**

_____ naninmij in kemelij, _____ dren in kadok m uota kin uno ko rekajuur, _____ Kakure ko keijen jerbak in lejen, _____ jorren ko ilo imoko.

_____ SIGNATURE OF APPLICANT _____ DATE
JAIN AN RI-KANNE RAN EO

Section 2: Completed by Medical Provider and sent to CA Worker Return Address above
Jekjen 2: Kadedeiklok jen takto ro im koroklok nan ri-jerbak ro jen CA atreej eo air ebed ijin iloñ

DATE FIRST SEEN BY PROVIDER RAN EO MOKTA RI-LELOK JIBAN EAR LOE	DATE OF LAST PHYSICAL EXAMINATION RAN EO ELIKTATA RAR KOMANE KAKÖLKÖL EO	
DATE AND RESULTS OF LAST TB TEST RAN EO IM RAR KOMANE KAKOLKOL EO KIN TB TEEJ	DATE OF LAST TDAP RAN EO ELKTATA RAR KOMANE TDAP EO	DATE OF LAST INFLUENZA VACCINE RAN EO ELIK TATA RAR LELOK WA IN INFLUENZA
SPECIALIST REFERRED TO ETAN EO EAR LELOK JIBAN KEIN	ADDRESS OF SPECIALIST ATREEJ AN RI-LELOK JIBAN KEIN	
REASON FOR REFERRAL UNIN AIR KAR LELOK NAN IJO		
SIGNIFICANT PAST MEDICAL HISTORY INCLUDING CHRONIC / FREQUENT MEDICAL ISSUES BWEBWENATO IN KAR TAKTO KO AM KOKA NANINMJ IN BOKBOK / NANINMJ KO EKKA AM BUKI		

CURRENT MEDICAL DIAGNOSIS
KOMADMOD KO REKEEL NAN KWE

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.
UNO KO KWOJ BUKI: JOUJ M KEMELELE Æ KN UNO KEIN, JORREN KO REJ WALOK JENE M INEBATA ELANE KWOJAB BOK UNO KEIN, IM EWI WAWIN AN JELET AM MAKITKIT AOLEB RAN.

PROGNOSIS
KOMADMOD

PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF CHILDREN.
JOUIJ IM KEMELELEIKI EWI WAWIN AN NANJMJ N JELET WAWN KAKAJRIRI.

COMMENTS OR IMPRESSIONS
KEMELELE AK TA KWO LOMNAKE

MEDICAL PROVIDER'S SIGNATURE
JAIN AN TAKTO EO

DATE
RAN EO