



**Warbixinta Caafimaadka Codsadaha - SIRTAAH**  
**Applicant Medical Report - CONFIDENTIAL**

DATE TAARIKHDA
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**Section 1: Completed by Applicant and sent to Medical Provider**  
**Qaybta 1: Waxaa laga Buuxinayaa dhinaca Codsadaha waxaana loo dirayaa dhinaca Caafimaad Bixiyaha**

MEDICAL PROVIDER BIXIYAHA CAAFIMAADKA	PHONE NUMBER (AREA CODE) LAMBARKA TELEFOONKA (FURAHA DEEGAANKA)	KUSOO CELI SHAQAALAHA CA	
ADDRESS CINWAANKA			
CITY MAGAALADA	STATE GOBOLKA	ZIP CODE CALAAMADA BOOSTADA	
NAME OF APPLICANT MAGACA CODSAHAHA			DATE OF BIRTH TAARIKHDA 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 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 kamid tahay, laakiin aanan ku ekayn, macluumaadka kusaabsan mowduucyada aan hoos kusheegay. Macluumaadkan waxaa loogu baahanyahay sida qayb kamid ah daraasada guriga ee loogu talagalay daryeelka korinta iyo/ama korsashada.

Sii deynta macluumaadka waa mid ansax ah oona loogu talagalay hal sanno laga bilaabo taariikhda sixitaankayga. **FIIRO GAAR AH: Iska hubso in aad kusheegtid xarafka biloowga ah sadar kasta oona sixiixdid.**

\_\_\_\_\_ jirada maskaxda, \_\_\_\_\_ welwelo daroogo iyo alkoolo ah, \_\_\_\_\_ xad gudub jir iyo/ama galmo ah, \_\_\_\_\_ xad gudub guriga ah.

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
SIXIIXA CODSAHAHA

\_\_\_\_\_  
DATE  
TAARIKHDA

**Section 2: Completed by Medical Provider and sent to CA Worker Return Address above**  
**Qaybta 2: Waxaa laga Buuxinayaa dhinaca Caafimaad Bixiyaha waxaana loo dirayaa Caafimaad Bixiyaha ayada oo lagu dirayo Cinwaanka Dib u celinta kore ee Shaqaalaha CA**

DATE FIRST SEEN BY PROVIDER TAARIKHDA MARKA UGU HOREYSA LA ARKO DARYEEL BIXIYAHA	DATE OF LAST PHYSICAL EXAMINATION TAARIKHDA BAARITAANKA JIRKA U DAMBEEYAY	
DATE AND RESULTS OF LAST TB TEST TAARIKHDA IYO NATIJOYINKA BAARITAANKA U DAMBEEYAY EE CUDURKA TIIBISHADA (TB)	DATE OF LAST TDAP TAARIKHDA U DAMBEYSAY EE TDAP	DATE OF LAST INFLUENZA VACCINE TAARIKHDA U DAMBEYSAY EE TALAALKA HARGABKA
SPECIALIST REFERRED TO TAKHASUSLE LAGUUGU WAREEJIYAY	ADDRESS OF SPECIALIST CINWAANKA TAKHASUSLAHA	
REASON FOR REFERRAL AY KU JIRTO ARIMO CAAFIMAAD SOO NOQ-NOQDA/DABA DHEERAADA SABABTA WAREEJINTA		

SIGNIFICANT PAST MEDICAL HISTORY INCLUDING CHRONIC / FREQUENT MEDICAL ISSUES TAARIKHDA CAAFIMAADKA MUHIIMKA AH EE HORE JIRAAN RAGAADIGA / ARRIMAHA CAAFIMAAD SOO NOQNOQDA	
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, DHIBAATOYINKA WAXYEELADA LAFILAYO IYO WELWELADA HADDII AAN DAAWADA LAQAADAN, IYO SIDA AY U SAAMEYSO HAWL MAALMEEDKA	
PROGNOSIS DIGNIIN	
PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF CHILDREN. FADLAN SHARAX SIDA AY XAALAD DAAWO KASTA U SAAMEYNAYSO DARYEELKA CARUURTA.	
COMMENTS OR IMPRESSIONS FAALLOOYINKA AMA ARAGTIDAADA	
MEDICAL PROVIDER'S SIGNATURE SIXIIXA DARYEEL BIXIYAHA CAAFIMAADKA	DATE TAARIKHDA