



**Applicant Name:**  
**Igoa o Lē o Talosaga:**

**Medical History**  
**Tala'aga Faafoma'i**

What is the date of your last physical exam (if known)?  
O le ā le aso mulimuli na faia ai lau su'ega faaletino (pe afai e iloa)?

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.*

I'uga o siliiliga a foma'i i le taimi nei/pe ua tuana'i – Pe na maua oe i se tasi o gasegase nei? Faamolemole faailoga mea uma e talafeagai ai ma aumai ni faamatalaga, pe a talafeagai ai. *Mo le toe faafouina o le laisene, faamolemole ia aofia mai ai tausaga e tolu (3) ua tuana'i.*

- |                                                                     |                                                                |                                                     |
|---------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Heart Disease:                             | <input type="checkbox"/> Stroke:                               | <input type="checkbox"/> Hypertension               |
| <input type="checkbox"/> Cancer:                                    | <input type="checkbox"/> Mental Health Condition:              | <input type="checkbox"/> Heart Attack               |
| <input type="checkbox"/> Chronic Medical Condition:                 | <input type="checkbox"/> Kidney Disease                        | <input type="checkbox"/> Impaired Hearing           |
| <input type="checkbox"/> Hereditary Condition(s):                   | <input type="checkbox"/> Allergies                             | <input type="checkbox"/> Respiratory Condition      |
| <input type="checkbox"/> Seizure Disorder:                          | <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Impaired Sight             |
| <input type="checkbox"/> Orthopedic Problems:                       | <input type="checkbox"/> Thyroid Disease                       | <input type="checkbox"/> Other Condition or Injury: |
| <input type="checkbox"/> Autoimmune Disease:                        | <input type="checkbox"/> Chronic Pain                          |                                                     |
|                                                                     |                                                                |                                                     |
| <input type="checkbox"/> Ma'i Fatu:                                 | <input type="checkbox"/> Pē le itu (stroke):                   | <input type="checkbox"/> Toto Maualuga              |
| <input type="checkbox"/> Kanesa:                                    | <input type="checkbox"/> Tulaga Maloloina o le Mafaufau:       | <input type="checkbox"/> Oso le Fatu                |
| <input type="checkbox"/> Tulaga Faafoma'i o Ma'itumau:              | <input type="checkbox"/> Faama'i Fatuga'o:                     | <input type="checkbox"/> Faaletonu le Faalogo       |
| <input type="checkbox"/> Gasegase Tuufaasolo:                       | <input type="checkbox"/> Iilitata (Allergies)                  | <input type="checkbox"/> Afaina le Mānava           |
| <input type="checkbox"/> Faaletonu e Ma'ilili:                      | <input type="checkbox"/> Ma'isuka                              | <input type="checkbox"/> Faaletonu le Vaa'i         |
| <input type="checkbox"/> Faafitauli i So'oga/Pogaivi (Orthopedic):  | <input type="checkbox"/> Faama'i A'afia ai le Fa'a'ī (Thyroid) | <input type="checkbox"/> Isi Tulaga po'o Manu'aga:  |
| <input type="checkbox"/> Faama'i Faatamaia Selapuipui (Autoimmune): | <input type="checkbox"/> Tigā So'oga/Pogaivi (Chronic)         |                                                     |

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)

Pe o tausia nei oe e se foma'i ona o vaaiga a foma'i po'o ni manu'aga o lisi mai i luga?  Leai  Ioe  
Afai e ioe, faamolemole ia lisi mai le vaaiga a foma'i/manu'aga:

Pe na e auai i ni fautuaga (pei o le, tagata ta'itoatasi, aiga, vaega, isi mea faapena)? *Mo le toe faafouina o le laisene, faamolemole ia aofia mai ai tausaga e tolu (3) ua tuana'i.*

- Leai  Oute mana'o e talanoa i se tagata  Ioe (e tuufaitalia pe fia faaopoopo iai)

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

Type of surgery/reason for hospitalization \_\_\_\_\_ Date \_\_\_\_\_

Faamolemole ia lisi mai so'o se ta'otoga po'o le taofia i le falema'i na iai ma aso tonu na tupu ai.

Ituaiga ta'otoga/mafua'aga na taofia ai i le falema'i \_\_\_\_\_ Aso \_\_\_\_\_

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

Faamatala pe faafia ona ulaula ma le ituaiga tapa'a e fa'aaoga, pe afai o fai:

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

Faamatala pe faafia ona fa'aaoga le mariuana e faafiaia ai ma le ituaiga/THC e fa'aaoga, pe afai o fai:

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

Faamatala pe faafia ona fa'aaoga le 'avamalosi ma le ituaiga e fa'aaoga, pe afai o fai:

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

If yes, please describe:

Pe o iai ni ou taofiofiga po'o ni faasasa'aga mai gaoioiga faaletino?  Leai  Ioe

Afai e ioe, faamolemole faamatala mai:

## Medications

### Fualaa/vailaa Faatonuina

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

Faamolemole lisi mai fualaa/vailaa uma faatonuina, fualaa e faatau sa'o mai o lo'o e fa'aaogaina i le taimi nei ma mariuana ua faatonuina e le foma'i. O fualaa faatonuina e mafai ona lisi mai i se faaopoopoga.

Name of medication Igoa o le fualaa faatonuina	Dosage and frequency Malosi (dosage) ma faafia	Condition prescribed for Gasegase ua faatonuina ai e le foma'i	Side Effects – Note any that may impact the care of children Āuga mulimuliane – Mātau o so'o se fualaa e ono aafia ai le tausia o tamaiiti

<b>Competence</b> <b>Agavaa</b>
Do you consider yourself mentally, physically, and emotionally competent to care for children? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: Pe e te manatu ua e agavaa i le mafauafau, faaletino, ma faalogona ootia mo le tausia o tamaiti? <input type="checkbox"/> Ioe <input type="checkbox"/> Leai Afai e leai, faamolemole faamatala:

<b>Additional Comments</b> <b>Faamatalaga Faaopoopo</b>
Do you have any additional comments you want to include in your medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No Pe e iai ni au faamatalaga faaopoopo e te manao e tu'u i totonu i lou tala'aga faafoma'i? <input type="checkbox"/> Ioe <input type="checkbox"/> Leai

<b>Signature</b> <b>Saini</b>	
I declare that the above information is true and correct to the best of my knowledge. Ua ou ta'utino atu e moni ma sa'o faamatalaga o i luga i le tele o lo'u iloa.	
APPLICANT NAME IGOA O LĒ O TALOSAGA	DATE OF BIRTH ASO FANAU
APPLICANT SIGNATURE SAINA A LĒ O TALOSAGA	DATE ASO