Washington State Department of CHILDREN, YOUTH & FAMILIES

LICENSING DIVISION
OPIJ EO EJ LELOK LAIJEN, LD

Applicant Medical Self Report
Ripoot in Nañinmij Armij eo ej Kateruru ej Make Kanne

CONFIDENTIAL
MELELE KO REJAB AJEEDED

Applicant Name:
Etan Armij eo ej Kateruru:

Medical History
Melele in Nañinmij ko Moktalok

What is the date of your last physical exam (if known)?
Ta raan in kakōlkōl ejmour eo am aliktata (elane kwōjelā)?

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.*
Kakōlkōl eo an tōrre in im/ak moktalok – Emōj ke kar kakōlkōle eok kin jabdewōt naninmij kein? Jouj im kakōlle aoleb melele ko rekkar im lelok kōmelele, elañe ekkar. ***Ñan kōkkāāl laijen, jouj im likūt yiō ko jilu (3) aliktata.***

☐ Heart Disease:
☐ *Nañinmijin Menono:*
☐ Cancer:
☐ *Kanjer:*
☐ Chronic Medical Condition:
☐ *Nañinmij eo Ejab Bōjrak:*
☐ Hereditary Condition(s):
☐ *Nañinmijin Bōrañ:*
☐ Seizure Disorder:
☐ *Dibubbub:*
☐ Orthopedic Problems:
☐ *Jorrāān ko ilo Ñe:*
☐ Autoimmune Disease:
☐ *Nañinmij ko rej Walok ilo Ien Kein Bōbrae ko ilo Enbwinnid Rejab Jibañ in Kejbarok Enbwinnid:*

☐ Stroke:
☐ *Stroke:*
☐ Mental Health Condition:
☐ *Nañinmij ikijen Kōmelij:*
☐ Kidney Disease
☐ *Nañinmijin Kitini*
☐ Allergies
☐ *Abnōnō ko*
☐ Diabetes
☐ *Tōñal*
☐ Thyroid Disease
☐ *Nañinmijin Thyroid*
☐ Chronic Pain
☐ *Metak eo Ejab Bōjrak*

☐ Hypertension
☐ *Aiblat*
☐ Heart Attack
☐ *Heart Attack*
☐ Impaired Hearing
☐ *Jorrāān ikijen Roñjak*
☐ Respiratory Condition
☐ *Nañinmijin Emenono*
☐ Impaired Sight
☐ *Jorrāān ikijen Lolokijen*
☐ Other Condition or Injury:
☐ *Bar Juon Nañinmij ak Jorrāān:*

Are you currently under a physician's care for any of the diagnoses or injuries listed above? ☐ No ☐ Yes
Ilo tōrre in ewōr ke taktō ej lale kwe ñan jabdewōt kakōlkol ak jorrāān ko emōj laajrak ijin lōñ? ☐ *Jab* ☐ *Aet*
If yes, please list diagnoses/injuries:
Elañe aet, jouj im laajrak etan kakōlkōl/jorrāan ko:

Have you ever participated in counseling (e.g. individual, family, group, etc.)? *For license renewal, please include the last three (3) years.*
Emōj ke am kar bōk kwōnaam ilo koonjel (einwōt, make iam, baamle, kumi in armij, im bar jet)? ***Ñan kōkkāāl laijen, jouj im likūt yiō ko jilu (3) aliktata.***
☐ No ☐ Prefer to discuss in person ☐ Yes (optional comments)
☐ *Jab* ☐ *Ikōnaan kenono kin mennin ilo aō iwōj im kenono ibben armij* ☐ *Aet (kōmelele ko am bebe in letōk)*

Please list any surgeries or hospital stays you have had and their approximate date.
Jouj im kolaajrak jabdewōt mwijmwij ak ien ko kwar deloñ aujbitol im tarrin raan ko.

Type of surgery/reason for hospitalization *Kain mwijmwij/wūnin deloñ aujbitol*	Date *Raan*

Describe your frequency and type of tobacco use, if any:
Kōmelele joñan ikūt im kain kōjerbal jepaake, elañe ewōr:

Describe your frequency and type of recreational marijuana/THC use, if any:
Kōmelele joñan ikūt in am im kain marijuana/THC kwōj bajōk kōjerbale, elañe ewor:

Describe your frequency and type of alcohol use, if any:
Kōmelele joñan ikūt im kain arkool eo kwōj kōjerbale, elañe ewōr:

Do you have any limitations or restrictions on physical activity? ☐ No ☐ Yes
Ewōr ke jabdewot joñan ak mo ko ikijen makūtkut? ☐ Jab ☐ Aet
If yes, please describe:
Elañe aet, jouj im kōmelele:

Medications
Wūno ko

Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.
Jouj im kōlaajrak etan aoleb wūno ko kwōj bōki ilo ien in ekoba wūno ko kwoj make wia im marijuana ñan nañinmij. Kwōmaron laajrak etan wūno ko jet ilo juon peba kwōnaj kobaiki ijin.

Name of medication *Etan wūno*	Dosage and frequency *Joñan im ikūt*	Condition prescribed for *Nañinmij eo emōj an taktō lewaj wūno ñan*	Side Effects – Note any that may impact the care of children *Abnōnō ko rej walok – Kwalok jabdewōt remaron jelōte am lale ajiri ro*

Competence
Maron

Do you consider yourself mentally, physically, and emotionally competent to care for children? ☐ Yes ☐ No
Kwōj ke watōke ekajur kōmelij, enbwinnim, im lomnak eo am ñan am maron lale ajiri ro? ☐ Aet ☐ Jab
If no, please explain:
Elañe jab, jouj im kōmelele:

Additional Comments
Enaan ko Jet

Do you have any additional comments you want to include in your medical history? ☐ Yes ☐ No
Ewōr ke bar jabdewōt melele kwōkōnaan likūt ilo melele in nañinmij o am moktalok? ☐ Aet ☐ Jab

Signature
Jain in etam

I declare that the above information is true and correct to the best of my knowledge.
Ij kallimur ke melele ko ijin lōñ remool im jimwe ñan joñan aō jelā.

APPLICANT NAME *JAIN IN ETAN ARMIJ EO EJ KATERURU*	DATE OF BIRTH *RAAN IN LŌTAK*
APPLICANT SIGNATURE *JAIN IN ETAN ARMIJ EO EJ KATERURU*	DATE *RAAN*