



**Warbixinta Caafimaadka Shakhsiyeed ee
Codsadaha SIR AH**

Applicant Medical Self Report CONFIDENTIAL

Applicant Name:

Magaca Codsadaha:

Medical History

Taariikhda Caafimaadka

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

Waa maxay taariikhda baaritaankaaga jireed ee ugu dambeeyay (haddii la garanayo)?

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.*

Baaritaan hadda iyo/ama mid hore – Waligaa miyaa lagaa helay xaaladahan soo socda midkood? Fadlan calaamadee dhammaan kuwa ku habboon oo faallooyin ka bixi, haddii ay habboon tahay. *Si shatiga laguugu jadiidiyo, fadlan kuddar saddexdii (3) sano ee ugu dambeeyay.*

- | | | |
|---|---|---|
| <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"/> Cudurka Wadnaha: | <input type="checkbox"/> Istaroog: | <input type="checkbox"/> Dhiigkar |
| <input type="checkbox"/> Kansar: | <input type="checkbox"/> Xaaladda Caafimaadka Dhimirka: | <input type="checkbox"/> Wadne Qabad |
| <input type="checkbox"/> Xaaladda Caafimaadka ee Daba-dheeraatey: | <input type="checkbox"/> Cudurka Kelida | <input type="checkbox"/> Liidashada Maqalka |
| <input type="checkbox"/> Xaalad(o) La Iska-dhaxlo: | <input type="checkbox"/> Xasaasiyado | <input type="checkbox"/> Xaaladda Neefsashada |
| <input type="checkbox"/> Xanuun Suuxdin: | <input type="checkbox"/> Sonkorow | <input type="checkbox"/> Liidashada Aragga |
| <input type="checkbox"/> Dhibaatooyinka Lafaha: | <input type="checkbox"/> Cudurka Qanjirka Taayrooydh | <input type="checkbox"/> Xaalad ama Dhaawac Kale: |
| <input type="checkbox"/> Cudurka Adkeysiga Iswada: | <input type="checkbox"/> Xanuun Aan Bixin | |

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)

Miyaad hadda ugu jirtaa daryeel dhakhtar cudurro ama dhaawacyo kasta ee kor lagu sheegay? Maya Haa

Haddii ay haa tahay, fadlan qor dhaawacyada/cudurrada:

Miyaad weligaa ka qaybgashey la-talin (t.a. shakhsi, qoys, kooxeed, iwm.)? *Si shatiga laguugu cusbooneysiyo, fadlan kuddar saddexdii (3) sano ee ugu dambeeyay.*

Maya Doorbidaya in aan shakhsi ahaan uga hadlo Haa (faallooyin ikhtiyaari ah)

Competence**Kartida**

Do you consider yourself mentally, physically, and emotionally competent to care for children? Yes No

If no, please explain:

Miyaad naftaada isu aragtaa in aad dhimir ahaan, jir ahaan, iyo dareen ahaanba karti u leedahay daryeelka carruurta?

Maya Haa

Haddii ay maya tahay, fadlan sharrax:

Additional Comments**Faallooyin Dheeraad ah**

Do you have any additional comments you want to include in your medical history? Yes No

Ma haysaa faallooyin kale oo dheeraad ah oo aad dooneyso in aad kuddarto taariikhdaada caafimaadka? Maya

Haa

Signature**Saxiixa**

I declare that the above information is true and correct to the best of my knowledge.

Waxaan caddeynayaa in macluumaadka kor ku xusan uu yahay mid run ah oo sax ah inta ay aqoonteyda gaarsiisan tahay.

APPLICANT NAME
MAGACA CODSADAHA

DATE OF BIRTH
TAARIIKHDA
DHALASHADA

APPLICANT SIGNATURE
SAXIIXA CODSADAHA

DATE
TAARIIKHDA