



**Tuberculosis (TB) Screening**  
**Mulaxooren watten segesegende (TB)**

**Active TB Screening:**

Segesegende mulaxooren watte bangenten kanma:

I do not have any of the below signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses):

Mulaxooren taagumansu beenu faayi wureedu a fo su t'in na (i kafinte ga fe jaarandi faayindu tanaanu ya):

- Cough (especially if lasting for 3 weeks or longer with or without sputum production)  
Texu (sakkati a ga na dangi koyi sikki ya ma ken falle ado xaaxen ga bakka m'a ga nta bakka)
- Coughing up blood (hemoptysis)  
Foren ga bakka xaaxen di
- Chest pain  
Gijinmen tooxen
- Loss of appetite  
Yigayen balaaxu
- Unexplained weight loss  
Fankan roxoyen moxofahamutan bali
- Night sweats  
Wurudun jabarinde
- Fever  
Fatanyinbe

**OR**  
**MA**

I have one or more of the above signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses) & I agree to obtain a medical evaluation to exclude active TB. **Please upload your medical evaluation results under miscellaneous documents or provide to your assigned worker.**

Taagumanse beenu faayi kanmun di, i fo baane ma fo gabe w'in na ti mulaxooren watten na (i kafinte ga fe jaarandi faayindun tanaanu ya) do n dufe na watte segesegende na kuudo mulaxooren taqen na bug'a di. **An watten segesegenden jaabinu wutu interinetin na, kaayiti gabu kanma ma n'i kin'an gollipanaana koyinten na.**

**Latent TB Screening:**

Segesegende mulaxooren watte bangentanbalin kanma:

None of the below conditions for latent tuberculosis screening apply to me:

Ku wureedun saratinu beenu ga mulaxooren bangentanbalin segesegeden kanma, i baane nta wurunu nke kanma:

- Born, live, or travel in a country with an elevated TB rate for at least one month  
Nan saare, n biranten ma nan tere jamaane noxon di mulaxooren sigiran haqen xooen ni xaso baane noxon di
  - Includes countries where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia.)  
Wa do jamaanu yi mulaxooren watten ga n gaba ku beenu di (Ameriki latini jamaanun, karayini jamaanun, Afiriki jamaanun, Asi jamaanun, Eropu kinbakkkan jamaanun ado Irisi jamaanen.)
- Immunosuppression, current or planned  
Dufaasande, saasaman m'a moxo saxunte
- Close contact to someone with infectious TB disease during a lifetime  
Tintoyen moxoburen do sere yi mulaxooren watten ga sere be ya a birayen noxon di
- Have latent TB



**Mulaxooren watten segesegende (TB)**  
**Tuberculosis (TB) Screening**

Na mulaxooren watten bangentanbalin kita

**OR**  
**MA**

If one or more of the above conditions apply to me, I agree to obtain a TB test (PPD or blood test) to exclude latent TB. **Please upload your test results under miscellaneous documents or provide to your assigned worker.**

Gelli ku sarati koyinto kanmun di fo baane ga na wuru in kanma, n wa dujene na mulaxooren watten segesegeden ja (PPD ma wore segesegende) kuudo na mulaxooren watten taqe bug'a di. **An watten segesegenden jaabinu wutu interinetin ja, kaayiti gabu kanma ma n'i kin'an gollinjaana koyinten ja.**

I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. **Please upload your documentation under miscellaneous documents or provide to your assigned worker.**

N w'a nan ti mulaxooren watten bangentanbalin w'in ja, n wa dujene na kaayitinu kini ku beenu ga kite ti jaarandi gollinjaana yi na mulaxoore tuwinten taqe bug'a di. **An watten segesegenden jaabinu wutu interinetin ja, kaayiti gabu kanma ma n'i kin'an gollinjaana koyinten ja.**

**Signature**

**Kittibatte**

APPLICANT NAME  
MUNDINDAANAN TOXON

DATE OF BIRTH  
SAARE HAXATI

SIGNATURE  
KITTIBATTE

DATE  
KOOTA