



**Gabaasa Fayyaa ofii ofiinii Iyyataa**  
**ICCIITIIN KAN EEGAMU**  
**Applicant Medical Self Report CONFIDENTIAL**

**Applicant Name:**

**Maqaa Iyyataa:**

**Medical History**

**Seenaa Fayyaa**

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

Guyyaan qorannoo qaamaa kee isa dhumaa (yoo beekame) maali?

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.*

Qorannoo yeroo ammaa fi/ykn kan darbe – Haalota armaan gadii keessaa tokkoon adda baafamee beektaa? Maaloo kan ilaallatu hunda ilaali, yoo barbaachisaa ta'e yaada kenni. *Hayyama haaromsuuf waggoota sadan (3) darban itti dabali maaloo.*

- |  |   |   |
|--|---|---|
| <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"/> Dhukkuba Onnee:             | <input type="checkbox"/> Dhibee dhiibbaa dhiigaa: | <input type="checkbox"/> Dhiibbaa Dhiigaa           |
| <input type="checkbox"/> Kaansarii:                  | <input type="checkbox"/> Haala Fayyaa Sammuu:     | <input type="checkbox"/> Dhukkuba Onnee             |
| <input type="checkbox"/> Haala Yaalaa Yeroo Dheeraa: | <input type="checkbox"/> Dhukkuba Tiruu           | <input type="checkbox"/> Dhageettii dhabuu          |
|  | <input type="checkbox"/> Alarjii                  | <input type="checkbox"/> Haala Hafuura Baafannaa    |
| <input type="checkbox"/> Haala(wwan) dhalootaa:      | <input type="checkbox"/> Dhukkuba sukkaaraa       | <input type="checkbox"/> Ija Dadhabdee              |
| <input type="checkbox"/> Rakkoo Dhukkuba Qabuu:      | <input type="checkbox"/> Dhukkuba Taayirooyidii   | <input type="checkbox"/> Haala ykn Miidhaa Biroo:   |
| <input type="checkbox"/> Rakkoowwan Lafee:           | <input type="checkbox"/> Dhukkubbii Yeroo Dheeraa |   |
| <input type="checkbox"/> Dhukkuba ofirraa ittisuu:   |   |   |

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)

Yeroo ammaa kana qorannoowwan ykn miidhaawwan armaan olitti tarreeffaman kamiyyuu kunuunsa hakiimaa jala jirtuu?  Lakki  Eeyyee

Yoo eeyyee ta'e, maaloo qorannoo/miidhaa tarreessi:

Gorsa (fkn dhuunfaa, maatii, garee fi kkf) irratti hirmaatte beektaa? *Haaromsa hayyamaaf, maaloo waggoota sadan (3) darban dabali.*

Lakki  Qaamaan mari'achuu filattaa  Eeyyee (yaadawwan filannoo)



<b>Competence</b> <b>Dandeettii</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: Ijoollee kunuunsuuf sammuu, qaamaa fi miiraan ga'umsa akka qabdu of ilaaltaa? <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki Yoo lakki ta'e, ibsi maaloo:	
<b>Additional Comments</b> <b>Yaadawwan Dabalataa</b>	
Do you have any additional comments you want to include in your medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No Yaadawwan dabalataa seenaa wallaansa fayyaa kee keessatti hammachuu barbaaddu qabdaa? <input type="checkbox"/> Eeyyee <input type="checkbox"/> Lakki	
<b>Signature</b> <b>Mallattoo</b>	
I declare that the above information is true and correct to the best of my knowledge. Odeeffannoon armaan olii kun hanga beekumsa kootti dhugaafi sirrii ta'uu isaa nan labsa.	
APPLICANT NAME MAQAA IYYAATAA	DATE OF BIRTH GUYAAYAA DHALOOTAA
APPLICANT SIGNATURE MALLATTOO IYYATAA	DATE GUYAAYAA