



**Applicant Medical Self Report  
An Chon Aeoeo Pusin Repotin Safei**

**CONFIDENTIAL  
PINEPINENO SENI MEINISIN**

**Applicant Name:**  
**Iten Chon Aeoeo:**

**Medical History  
Wuruwon Safean**

What is the date of your last physical exam (if known)?  
Ifa ewe ranin ren eomuwe nasenon chekin inisum (ika ka sinei)?

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.*  
Minafon me/ika nasenon chekin semwen -- Met en ka kan fen chekeno fiti ew seni ekkena semwen mi tapweto? Kose mochen cheki meinisin ekkena ra kan aeoeo ngeni me pwan awora miefieom kena, ika pwe mi aeoeo ngeni. *Ren asofosefanin laisen, kose mochen apachanong ekkewe nasenon wunungat (3) ier kena.*

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Heart Disease:<br>Semwenin Foun Ngasengas:                         | <input type="checkbox"/> Stroke:<br>Stroke:                                     | <input type="checkbox"/> Hypertension<br>Hypertension  |  |
| <input type="checkbox"/> Cancer:<br>Cancer:   | <input type="checkbox"/> Mental Health Condition:<br>Sakkun Semwenin Non Mekur: | <input type="checkbox"/> Heart Attack<br>Heart Attack  |  |
| <input type="checkbox"/> Chronic Medical Condition:<br>Sopwesopwenon Iteiten Sakkun Semwen: | <input type="checkbox"/> Kidney Disease<br>Semwenin Kidney                      | <input type="checkbox"/> Impaired Hearing<br>Ngawenon Eom Rongorong                            |  |
| <input type="checkbox"/> Hereditary Condition(s):<br>Semwen kena ra Etto seni Eom Family:   | <input type="checkbox"/> Allergies<br>Allergies                                 | <input type="checkbox"/> Respiratory Condition<br>Sakkun Semwenin Ngasengas                    |  |
| <input type="checkbox"/> Seizure Disorder:<br>Osupwangen Seizure:                           | <input type="checkbox"/> Diabetes<br>Semwenin Suke                              | <input type="checkbox"/> Impaired Sight<br>Ngawenon Eon Kuuna                                  |  |
| <input type="checkbox"/> Orthopedic Problems:<br>Osukosuken Chuu me Fituk kena:             | <input type="checkbox"/> Thyroid Disease<br>Semwenin Thyroid                    | <input type="checkbox"/> Other Condition or Injury:<br>Pwan Ekkoch Sakkun Semwen ika Feiengaw: |  |
| <input type="checkbox"/> Autoimmune Disease:<br>Semwenin Monun Fiu Ngeni Semwen:            | <input type="checkbox"/> Chronic Pain<br>Sopwesopwenon Iteiten Metek            |  |  |

Are you currently under a physician's care for any of the diagnoses or injuries listed above?  No  Yes  
Met en ka kan iei nom fan an emon dokter we tumun ren ew seni ekkena chekin semwen ika feiengaw ra maaketiw me asan?  Apw  Ewer

If yes, please list diagnoses/injuries:  
Ika pwe ewer, kose mochen maaketiw chekin semwen kena/feiengaw kena:

Have you ever participated in counseling (e.g. individual, family, group, etc.)? *For license renewal, please include the last three (3) years.*  
Met en ka kan fen fitinong non counselin (awewe, emon me emon, family, mwich, me pwan ekkoch)? *Ren asofosefanin laisen, kose mochen apachanong ekkewe nasenon wunungat (3) ier kena.*

- No  Prefer to discuss in person  Yes (optional comments)  
 Apw  Mochen kakapas usun non aramas  Ewer (mefieom kena ra kan finieom)

Please list any surgeries or hospital stays you have had and their approximate date.  
Kose mochen maaketiw ekkena reirei ika nonomun non pioin ka fen angei me pwan arapakan ranir.

Type of surgery/reason for hospitalization	Date
Sakkun reirei/popun ren nuing	Ranin

Describe your frequency and type of tobacco use, if any:  
 Aporausā fan fita me pwan sakkun supwa ka wuun, ika mi wor ekkena:

Describe your frequency and type of recreational marijuana/THC use, if any:  
 Aporausā fan fita me pwan sakkun wurumwoten marijuana/THC ka wuun, ika mi wor ekkena:

Describe your frequency and type of alcohol use, if any:  
 Aporausā fan fita me pwan sakkun sakaw ka wuun, ika mi wor ekkena:

Do you have any limitations or restrictions on physical activity?  No  Yes  
 Met a kan wor eom kena awukukuno ika apetinon won foron inisum?  Apw  Ewer

If yes, please describe:  
 Ika ewer, kose mochen aporausā:

**Medications**  
**Safei kena**

Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.  
 Kose mochen maaketiw meinisin safei kena en ka kan angeiir iei mi pachenong safean me won counter kena me pwan safean marijuana. Apachenongen safei kena ra tongeni maaketiw non echo apachenong.

Name of medication Iten safei	Dosage and frequency Awukukun wuunun me pwan fan fita	Condition prescribed for Sakkun semwen ra for ren	Side Effects – Note any that may impact the care of children Ngaw Seni -- Maakei ekkena ina ra kan ngaw ngeni ewe tumunun ren semirit kena

**Competence**  
**Tongeni**

Do you consider yourself mentally, physically, and emotionally competent to care for children?  Yes  No  
Met en ka ekkieki pwe en ka kan tongeni non mekurom, inisum, me pwan ekkiekum ren eom kopwe tumunu ren semirit  
kena?  Ewer  Apw

If no, please explain:

Ika pwe apw, kose mochen aweweni:

#### Additional Comments

##### Apachenongen Mefieom kena

Do you have any additional comments you want to include in your medical history?  Yes  No  
Met a kan wor eom ekkena apachenongen mefieom kena en ka mochen apachanong non eomuwe wuruwon safei?  
 Ewer  Apw

#### Signature

##### Sainin

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

Ngang uwa asineiwow pwe ewe poraus me asan mi pung me wenewen seni eochun ai sinei.

APPLICANT NAME  
ITEN CHON AEOEO

DATE OF BIRTH  
RANIN UPUTIWEN

APPLICANT SIGNATURE  
SAININ CHON AEOEO

DATE  
RANIN