

DULMARKA QIIMAYNTA CAAFIMAADKA EE QAXOOTIGA
REFUGEE HEALTH ASSESSMENT SUMMARY- SOMALI

TIXRAACA-QOFKA/ DEMOGRAPHICS				
Magaca (Danbe, Hore, Dhexe) Name (Last, First, Middle)		Jinsiga (Gender) <input type="checkbox"/> Lab (Male) <input type="checkbox"/> Dhadig (Female)		Lambarka Ajinabiga (Alien #) Alien #
Taariikh Dhalasho (m/b/sanadka) Date of Birth (mm/dd/yyyy)	Adareeska Address	Magaca Soo-diraha & Telefoon # Sponsor Name and Phone #		Magaca Maamulaha baarida & Telefoon # Case Manager Name and Phone #
Hay'adda Caafimaadka Baaraysa Health Screening Agency	Hay'adda Dajinta/Caawinta Resettlement Agency	Taariikhda imaatinka U.S. Date of Arrival in US	Dalka Dhalashada Country of Birth	Dhakhtarka/ Caawisada Caafimaadka Screening Physician/Nurse

WAXYAABAHA QIIMAYNTA LAGU OGAANAYO/ ASSESSMENT FINDINGS

Baaritaan: (Diagnosis): Qiimaynta Caafimaadka Qaxootiga waa la sameeyay (Refugee Health Assessment completed)
 Helitaan natiijo ama taariikh caafimaad oo aan caadi ahayn (hoos fiiri) (Abnormal exam or medical history findings) Uur (Pregnancy)
 Saxaro/Saxarada laga baarayo ukumo ama gooryaan (Stool/Serology tested positive for ova or parasites) Daawaynta Tiibijo (TB) Qarsoon (Latent Tuberculosis Treatment)
 Tiibijo (TB) (Tuberculosis) Kale (Other) _____

Shaybaarka: (Labs Ordered): Saxaro ukun/gooryaan (Stool for O&P) Xab (Sputum) Raajada Xabadka (Chest X-Ray) Baaritaanka talaalka jirka ku jira (Immunization Titers) Baaritaan dhiig oo buuxa (Complete Blood Count) Cabirka heerka birta dhiiga (Blood Lead Level) Baaridda shaqada Beerka (Liver Function Test) Baaritaanka (HIV Test) Jeermiska Cagaarshowga (Hepatitis B Antigen) Waraabow (Syphilis) Jabto/Kalaamiidiya (Gonorrhea/Chlamydia)

Natiijada Baarista (Fiiri Foomka Qiimaynta Caafimaadka): (Lab Results (see Health Assessment Form)Ⓢ)
Foomka Qiimaynta Caafimaadka ma lagu soo lifaaqay? (Health Assessment Form Attached?) Haa (Yes) Maya (No)

Talaalka la bixiyay: (Immunizations administered): MMR Is-nadaamis (Varicella) Cagaarshow B (Hepatitis B) DTaP/Tdap/Td Infuluwnso Influenza
 Twinrix (Cagaarshow A & B) (Twinrix Hepatitis A&B) Kale _____ (Other)

Talaalka uu qabo — Waxuu ka talaalan yahay: (Immunization Titers—Immune to:)
 Furuq (Measles) Mumps (nooc furuq) (Mumps) Rubella (nooc furuq) Bus-bus (Varicella) Cagaarshow B (Hepatitis B) Cagaarshow C (Hepatitis C)

U DIRITAAN/ REFERRALS

Waxaa lagu diray: (You have been referred to)
 Baaritaan laguugu diray bixiye adeeg caafimaad kale (Primary Care Provider for further medical care) Dentiste (Dentist) WIC/Nafaqo-yaqaan (WIC/Nutritionist)
 Dhakhtarka indhaha (Optometrist) OB/GYN (dumar)
 Qiimayn dheeri ah ee barnaamijka qiimaynta LHD TB/daawo bilaabid (LHD/loo diray xarun kale: _____)
(LHD TB Program for further evaluation/start medication (LHD/other referral center: _____)
 Dhakhtarka ku takhasusay _____ (Specialist for) Kale _____ (Other) Midna (None)

Waxaad u baahan tahay balan soo noqosho _____ oo laguugu sameeyay _____.
(waqtii cayin) (Sababta qor)

You will need a follow-up appointment within _____ for _____.
(specify timeframe) (specify purpose)

DAAWOYINKA/ MEDICATIONS

Daawooyin ma lagu qoray? (Medications prescribed?) Haa (Yes) Maya (No)
Fadlan qor magacyada daawooyinka iyo sababta laguugu qoray: (Please list names of medications and reason prescribed.)

Daawooyinka ma laga fiiriyay diiwaanka daawooyinka ee MCO? (Medications checked against MCO formulary?) Haa (Yes) Maya (No)

TILAABOYINKA XIGA/ NEXT STEPS

Inaad wacdo lambarka kaargaaga caafimaadka si aad dhakhtarka balan uga samysato.
Call the number on your insurance card to schedule an appointment with your doctor.

Balantaada xigta waa _____ (taariikh/saacadda) ujeedada _____ (sababta balanta).
Your next appointment is on _____ (date/time) for _____ (purpose).

Wac _____ haddii aad wax su'aalo ama walaac ah ka qabto qiimayntaada caafimaadka ee qaxootiga.
Call _____ if you have any questions or concerns about your refugee health assessment.

Daawada u qaado sidii lagu faray.
Take medication as directed

Loo soo jeediyay inuu raaco xeerarka gooryaanada saxarada ee CDC : <http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf>
Recommend stool parasite follow-up per CDC guidelines: <http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf>.

Koobi foomkan ah sii dhakhtarkaaga ama caawisada caafimaad.
Give a copy of this form to your doctor or nurse.

QORAAL/ NOTES

Magaca qofka foomka buuxinaya
Name of person completing the formSaxiixa qofka foomka buuxinaya
Signature of person completing the formTaariikhda
Date