

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

Barua ya Ukaribishaji - Kituo cha Afya Kilicho Shuleni
Welcome Letter - School Based Health Center (Swahili)

SIO HATI YA REKODI YA MATIBABU
NOT A MEDICAL RECORD DOCUMENT

Kwa Mwanafunzi/Mzazi au Mlezi:
Dear Student/Parent or Guardian

Muungano wa Kanda wa Shule zenye Afya (RAHS) ni kundi la vituo vya kipekee vya afya vilivyo shuleni vinavyotoa huduma katika baadhi ya shule za umma na za jumuiya katika kaunti za Genesee, Jackson na Washtenaw. Lengo la Vituo vya Afya vilivyo Shuleni vya RAHS ni kusaidia kuboresha afya na ustawi wa wanafunzi na familia. Wanafunzi wenye afya nzuri hufaulu zaidi shuleni.

Regional Alliance for Healthy Schools (RAHS) is a group of unique school-based health centers providing services at some public and community schools in Genesee, Jackson, and Washtenaw counties. The goal of the RAHS School-Based Health Centers is to help improve the health and well-being of students and families. Healthy students are more successful in school.

Je, Kituo cha Afya Kilicho Shuleni cha RAHS ni nini?

What is the RAHS School-Based Health Center?

- Vituo vyetu vya afya vina wafanyakazi wanaojumuisha madaktari, wauguzi, na wahudumu wa kijamii ambao wanapatikana kwa mahitaji yako ya afya ya kimwili na kitabia.
Our health centers are staffed by physicians, nurse practitioners, and social workers that are available for your physical and behavioral health needs.
- Madhumuni ya mpango huu ni kutoa huduma bora za afya katika mazingira mazuri, kwa wakati unaofaa kwa wagonjwa na familia. Kituo cha Afya cha RAHS HAKICHUKUI nafasi ya mahali pako pa kawaida pa kupata huduma ya afya.
The purpose of this program is to provide quality healthcare in a friendly setting, at a time that is convenient to patients and families. The RAHS Health Center is NOT trying to replace your regular source of healthcare.
- Kituo cha Afya cha RAHS kiko wazi na kinahudumia vijana WOTE.
The RAHS Health Center is open and available to ALL youth.

Je, ninaweza kufanya nini ili kujiandikisha?

What can I do to register?

- Tafadhali jaza fomu zilizoambatishwa na uzirejeshe kwenye ofisi ya shule yako au kwenye Kituo cha Afya cha RAHS. Fomu zilizoambatishwa ni pamoja na:
Please fill out the attached forms and return them to your school office or to the RAHS Health Center. The enclosed forms include:
 - Fomu za Idhini
Consent Forms
 - Hojaji ya Historia ya Afya
Health History Questionnaire
 - Tunahitaji pia nakala ya kadi ya bima ya afya ya mgonjwa
We also need a copy of the patient's health insurance card

Je, ni hatua gani hufuata baada ya kujiandikisha?

What happens after I register?

- Kwa kujaza fomu zilizoambatishwa, wagonjwa wanaweza kuhudumiwa katika Kituo cha Afya cha RAHS wakati wa siku ya shule kwa masuala ya afya na **wataitwa kwa ziara fupi ya uchunguzi ili kupata maelezo ya kimsingi ya afya.**
By completing the enclosed forms, patients may be seen at the RAHS Health Center during the school day for health concerns and **will be called down for a brief screening visit to obtain basic health information.**
- Ikiwa mgonjwa yuko katika shule ya msingi, tunaomba mzazi/mlezi apatikane kwa simu ikiwa hawezi kuhudhuria miadi na mtoto wake.
If the patient is in elementary school, we ask that a parent/guardian be available by phone if they are unable to attend the appointment with their child.
- Kituo cha Afya cha RAHS kitatoza kampuni yako ya bima kwa huduma zinazopokelewa katika vituo vyetu.
The RAHS Health Center will bill your insurance company for services received in our centers.

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Je, maelezo ya afya ya kibinafsi yanashirikiwa vipi?

How is private health information shared?

Tafadhali tembelea tovuti ya Notisi ya Mbinu za Faragha ya Michigan Medicine hapa <https://www.uofmhealth.org/patients-visitors/patients/patient-privacy/notice-privacy-practices> au uombe nakala ya sera yetu ya faragha katika Kituo cha Afya cha RAHS. Notisi hii inaeleza jinsi maelezo ya matibabu yanaweza kushirikiwa. Tafadhali soma kwa umakini.

Please visit the Michigan Medicine Notice of Privacy Practices website here <https://www.uofmhealth.org/patients-visitors/patients/patient-privacy/notice-privacy-practices> or ask at the RAHS Health Center for a copy of our privacy policy. This notice describes how medical information may be shared. Please review it carefully.

Asante,

Thank you,

Timu ya Matibabu ya Muungano wa Kikanda wa Shule zenye Afya
Regional Alliance for Healthy Schools Clinical Team

Belleville High School

501 W. Columbia Ave.
Belleville, MI 48111
Simu: 734 697-1144

Lincoln High School

7425 Willis Rd. Chumba cha 304
Ypsilanti, MI 48197
Simu: 734 714 9600

Richfield Public School Academy

3807 North Center Road
Flint, MI 48506
Simu: 810-285-9815

Carman-Ainsworth High School

1300 N. Linden Road
Flint, MI 48532
Simu: 810-591-5473

Brick Elementary School

8970 Whittaker Road
Ypsilanti, MI 48197
Simu: 734-714-9606

Scarlett Middle School

3300 Lorraine, Rm. 204
Ann Arbor, MI 48108
Simu: 734 677 2708

Ypsilanti Community Middle School

510 Emerick
Ypsilanti, MI 48198
Simu: 734 221 2271

Kearsley High School

4302 Underhill Drive
Flint, MI 48506
Simu: 810-591-5330

Armstrong Middle School

6161 Hopkins Road
Flint, MI 48506
Simu: 810-591-2776

International Academy of Flint

2820 S. Saginaw Street
Flint, MI 48503
Simu: 810-600-5290

Lincoln Middle School

8744 Whittaker Rd. Chumba cha 812
Ypsilanti, MI 48197
Simu: 734 714 9509

Ypsilanti Community High School

2095 Packard Rd. Chumba cha 403
Ypsilanti, MI 48197
Simu: 734 221 1007

Beecher High School

6255 Neff Road
Mt Morris, MI 48458
Simu: 810-591-9333

Pioneer High School

601 W. Stadium Blvd.
Ann Arbor, MI 48103
Simu: 734-997-1862

Springport Public Schools

300 W. Main Street
Springport, MI 49284
Simu: 517-867-7846

**Maswali Yanayoulizwa Mara Nyingi Kuhusu
Fomu ya Idhini ya Matibabu ya Jumla
Frequently Asked Questions About the
General Treatment Consent Form (Swahili)**

MRN:

NAME:

BIRTHDATE:

CSN:

**Je, Muungano wa Kikanda wa Shule zenye Afya katika Michigan Medicine hutoa huduma gani?
What services does the Regional Alliance for Healthy Schools at Michigan Medicine provide?**

- Uchunguzi wa kimwili
Physical exams
- Chanjo
Immunizations
- Tiba ya kisaikolojia ya mtu binafsi, kikundi na familia
Individual, group and family psychotherapy
- Vipimo vya kimsingi vya maabara k.m. uchanganuzi wa mkojo, kipimo cha haraka cha bakteria ya streptokokasi, utoaji wa damu kutoka kwa mshipa wa damu kwa ajili ya kupima
Basic lab tests e.g. urinalysis, rapid strep, venipuncture
- Huduma za VVU / magonjwa ya zinaa (k.m. uchunguzi, upimaji, ushauri, n.k.)
HIV / STI services (e.g. screening, testing, counseling, etc.)
- Huduma za matibabu zinazotolewa kwa njia ya simu
Telemedicine services
- Rufaa kwa nyenzo kama vile chakula, malazi, masuala ya fedha, usafiri
Referral for resources such as food, shelter, financial issues, transportation
- Elimu ya afya au Kikundi cha Shughuli kama vile Klabu ya Kutembea, Kudhibiti Hasira, Mpango wa Pumu, Ushauri wa Marika, Baraza la Ushauri la Vijana, Bully Busters, au vikundi vingine kama inavyobainishwa na mahitaji (baadhi ya mipango zinapatikana kwa wanafunzi wa shule za kati na za upili pekee)
Health education or Activities Group such as Walking Club, Anger Management, Asthma Program, Peer Mentoring, Youth Advisory Council, Bully Busters, or other groups as determined by need (some programs available to middle and high school students only)
- Elimu ya afya
Health education
- Dawa
Medications
- Uchunguzi na udhibiti wa afya ya tabia
Behavioral health screening and management
- Utambuzi na udhibiti wa magonjwa hatari na sugu
Diagnosis and management of acute and chronic illnesses/diseases
- Huduma za afya ya uzazi (k.m. elimu ya udhibiti wa uzazi, upimaji wa ujauzito)
Reproductive health services (e.g. birth control education, pregnancy testing)
- Huduma zinazoidhinishwa na watoto
Minor-consented services
- Rufaa kwa matibabu ya matumizi ya dawa za kulevya (wanafunzi wa shule ya kati na ya upili)
Referral for substance abuse treatment (middle and high school student)

**Maswali Yanayoulizwa Mara Nyingi Kuhusu
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General Treatment Consent Form (Swahili)**

MRN:

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BIRTHDATE:

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1. Je, Michigan Medicine inaweza kutumia vielelezo vyangu kwa utafiti kwa nini?

Why might the Michigan Medicine use my specimens for research?

Utafiti wa kimatibabu unaendelea kugundua njia mpya za kutambua, kuzuia na kutibu magonjwa. Michigan Medicine imejitolea kuendeleza utafiti ili tuweze kuwapa wagonjwa wetu huduma bora zaidi ya matibabu.

Medical research is constantly discovering new ways to identify, prevent and treat illness. Michigan Medicine is committed to advancing research so we can provide our patients with the most effective medical care.

2. Je, ninaweza kutoa idhini kwa sehemu tu ya fomu hii?

Can I consent to only part of this form?

Ndiyo, mgonjwa ana haki ya kupigia mstari sehemu za idhini ambazo hataki kuidhinisha.

Yes, a patient has the right to cross out sections of the consent they do not want to consent to.

3. Je, ninaweza kuondoa idhini yangu au ya mtoto wangu baada ya kusaini fomu hii?

Can I withdraw my consent or my child's consent after this form has been signed?

Ndiyo, unaweza kuondoa idhini ya huduma kwa kuandikia Kituo cha Afya Kilicho Shuleni cha Muungano wa Kikanda wa Shule zenye Afya wakati wowote.

Yes, you may withdraw consent for services by writing to the Regional Alliance for Healthy Schools Based Health center at any time.

Ili kujiondoa kwenye huduma zote za Michigan Medicine tafadhali tuma barua iliyotiwa saini na mzazi au mlezi kwa mtoto au mgonjwa kwa wagonjwa walio na umri wa miaka 18 na zaidi kwa:

To withdraw from all Michigan Medicine service please mail a letter signed by parent or guardian for minor or the patient for patients 18 and over to:

Michigan Medicine Revenue Cycle Mid Service (HIM) Release of Information (ROI) Unit
3621 S. State Street 700 KMS Place Bay 11 - Mid Service Ann Arbor MI 48108-1633
Faksi: 734-936-8571 au piga simu kwa 734-936-5490.

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Idhini ya Jumla kwa Huduma za Afya na Maelezo
Muhimu ya Mgonjwa - MTU MZIMA****General Consent for Healthcare Services and
Important Patient Information - ADULT (Swahili)**

MRN:

NAME:

BIRTHDATE:

CSN:

DOS:

Uthibitisho wa Notisi ya Mbinu za Faragha (NPP):**Notice of Privacy Practices (NPP) Acknowledgment:**

Ninathibitisha kuwa nimepewa au kupokea Notisi ya Mbinu za Faragha ya Michigan Medicine.

I hereby acknowledge I have been offered or received the Michigan Medicine Notice of Privacy Practices.

Idhini ya Jumla ya Kupokea Huduma za Afya**General Consent to Receive Health Care Services**

Ningependa kupokea huduma za afya kutoka kwa Michigan Medicine ikijumuisha matibabu, matibabu ya meno, matibabu ya kisaikolojia, uuguzi na/au huduma zingine za afya. Huduma zinaweza kujumuisha:

I want to receive health care services from Michigan Medicine including medical, dental, psychological, nursing and/or other health care. Services may include:

- Uchunguzi wa kimwili, elimu ya afya na Chanjo
Physical exams, health education and Immunization
- Vipimo vya kimsingi vya maabara k.m. uchanganuzi wa mkojo, kipimo cha haraka cha bakteria ya streptokokasi, utoaji wa damu kutoka kwa mshipa wa damu kwa ajili ya kupima
Basic lab tests e.g. urinalysis, rapid strep, venipuncture
- Utambuzi na udhibiti wa magonjwa kali na sugu
Diagnosis and management of acute chronic illnesses/diseases
- Huduma za VVU / magonjwa ya zinaa (k.m. uchunguzi, upimaji, ushauri, n.k.)
HIV / STI services (e.g. screening, testing, counseling, etc)
- Huduma za afya ya uzazi (k.m. elimu ya udhibiti wa uzazi, upimaji wa ujauzito)
Reproductive health services (e.g. birth control education, pregnancy testing)
- Uchunguzi na udhibiti wa afya ya tabia
Behavioral health screening and management
- Tiba ya kisaikolojia ya mtu binafsi, kikundi na familia
Individual, group and family psychotherapy
- Dawa
Medication
- Huduma zinazoidhinishwa na watoto
Minor-consented services
- Huduma za matibabu zinazotolewa kwa njia ya simu
Telemedicine services
- Matibabu mengine yaliyo muhimu kwa utunzaji wangu
Other treatment necessary for my care

Ninakubali kuwa Michigan Medicine inaweza kushiriki maelezo yangu inapohitajika kwa utunzaji au malipo na kuwa idara mbalimbali zinaweza kuwasiliana nami. Ili kuwezesha utunzaji na mahitaji yangu ya matibabu, idara za Michigan Medicine zinaweza kuhitaji kutoa maelezo muhimu kunihusu kwa watoa huduma wengine wa afya wa nje. Nina haki ya kujadili huduma zangu za afya na wahudumu wangu wa afya wakati wowote. Nina haki ya kukubali au kukataa huduma yoyote. Ninaelewa kuwa watoa huduma wangu wa afya kwa ujumla wataomba idhini yangu baada ya kujadiliana nami kuhusu huduma mahususi, matibabu na taratibu. Watoa huduma wangu wa afya watanifahamisha hatari zinazojulikana, manufaa yanayotarajiwa na njia mbadala za tiba katika majadiliano hayo. Huenda nikahitaji kutoa idhini za ziada kwa ajili ya taratibu vamizi na matibabu maalum kama vile ninapokea bidhaa za damu. Haiwezekani kuepuka hatari fulani katika taaluma ya matibabu. Matokeo yanaweza kuwa tofauti kwa kila mgonjwa. Ninaweza kuondoa idhini ya huduma kwa kuandikia Kituo cha Afya Kilicho Shuleni cha Muungano wa Kikanda wa Shule zenye Afya wakati wowote.

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Idhini ya Jumla kwa Huduma za Afya na Maelezo Muhimu ya Mgonjwa - MTU MZIMA General Consent for Healthcare Services and Important Patient Information - ADULT (Swahili)

MRN:

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DOS:

I agree that Michigan Medicine can share my information as needed for care or billing and that various departments may contact me. To facilitate my care and medical needs, Michigan Medicine departments may need to provide necessary information about me to other outside healthcare providers. I have a right to discuss my health care with my health care providers at any time. I have the right to agree to or refuse any care. I understand that my health care providers generally will obtain my consent after discussing specific care, therapies and procedures with me. My health care providers will review known risks, expected benefits and alternatives to therapies in those discussions. I may need to give additional consents for invasive procedures and special treatments such as when I receive blood products. It is impossible to avoid certain risks in the practice of medicine. Outcomes may be different for each patient. I may withdraw consent for services by writing to the Regional Alliance for Healthy Schools health center at any time.

Ugavi wa Manufaa ya Matibabu

Assignment of Medical Benefits

Ninakubali kuwa nitawajibikia malipo ya pamoja, makato au malipo yangu mengine kwa huduma za matibabu ambazo hazigharamiwi au kulipwa na bima au walipaji wengine. Hii ni kweli isipokuwa katika hali ambapo sheria ya Michigan au ya serikali kuu, au makubaliano kati ya kampuni yangu ya bima na Michigan Medicine hayaruhusu. Ninakabidhi haki na manufaa yote kwa Michigan Medicine ili kusaidia mchakato wa kulipa Michigan Medicine kwa huduma za afya ambazo nitapokea. Ninakubali kusaidia Michigan Medicine kufuatilia madai haya.

I agree that I will be responsible for my co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers. This is true except in cases where Michigan or federal law, or an agreement between my insurance company and Michigan Medicine does not allow it. I assign all rights and benefits to Michigan Medicine in order to help the process of paying Michigan Medicine for health care services I received. I agree to help Michigan Medicine follow up on these claims.

Maelezo Muhimu ya Mgonjwa

Important Patient Information

1. Michigan Medicine ni Kituo cha Mafunzo na Utafiti. Ninaweza kupokea huduma kutoka kwa wafanyakazi na/au wafunzwa waliochaguliwa na kusimamiwa na wakufunzi. Wafunzwa na wakufunzi wanaweza kusoma na kutumia rekodi zangu za afya kwa ajili ya kufundisha na utafiti. Ninakubali kutoa tishu, vielelezo au sehemu zozote za ziada za viungo vinavyotolewa kutoka kwa mwili wangu wakati wa upimaji au taratibu za matibabu ikiwa hazihitajiki kwa uchunguzi au matibabu yangu. Ninaruhusu Michigan Medicine kumiliki, kutumia, kuchanganua, kuweka, kuhifadhi au kutupa tishu hii ya ziada. Michigan Medicine inaweza kutumia au kushiriki tishu hizi na taasisi yoyote kwa madhumuni yoyote ya kisheria, ikiwa ni pamoja na elimu na utafiti. Ninaelewa kuwa daktari wangu anaweza kuwa ametengeneza dawa au kipimo ambacho ninapokea. Dawa au kipimo kimeidhinishwa kutumika na kinaruhusiwa chini ya sheria ya jimbo na serikali kuu. Daktari wangu anaweza kufaidika kutokana na matumizi ya kipimo au dawa. Ninaelewa kuwa ninaweza kumuuliza daktari wa mtoto wangu ikiwa uvumbuzi wake utatumika katika matibabu yangu.

Michigan Medicine is a Teaching and Research Center. I may receive services from staff and/or trainees chosen and overseen by the teaching staff. Trainees and teachers may read and use my health care records for teaching and research. I agree to donate any excess tissues, specimens or parts of organs that are removed from my body during testing or

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medical procedures if they are not necessary for my diagnosis or treatment. I allow Michigan Medicine to own, manipulate, analyze, keep, save or throw away this excess tissue. Michigan Medicine may use or share these items with any entity for any legal purpose, including education and research. I understand that my doctor may have developed a treatment or test that I am given. The treatment or test has been approved for use and it is allowed under state and federal law. My doctor may profit from the use of the test or treatment. I understand that I am able to ask my doctor if an invention of theirs will be used in my care.

- 2. Virusi vya Ukimwi (VVU)** ni virusi vinavyosababisha UKIMWI (Upungufu wa Kinga Mwili). **Chini ya sheria ya Michigan, kipimo cha VVU kinaweza kufanywa kwa mgonjwa** ikiwa mfanyakazi yeyote wa afya au mhudumu wa dharura ataguswa na damu ya mgonjwa huyo au umajimaji mwingine wa mwili. Kugusana kunaweza kutokea chini ya ngozi, kwenye jeraha wazi au kupitia tando za kamasi, ambazo ni tishu zilizo kwenye sehemu mbalimbali wazi katika mwili. Ikiwa aina hii ya mgusano itatokea, ninajua kuwa damu yangu inaweza kupimwa bila idhini yangu. Kipimo kikifanywa, ninajua kuwa nitapokea matokeo ya kipimo na ushauri nasaha inapohitajika.

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). **Under Michigan law, an HIV test may be done on a patient** if any health care worker or emergency responder comes in contact with that patient's blood or other body fluids. Contact may occur under the skin, in an open wound or through the mucous membranes, which are the tissues that line various openings in the body. If this type of contact occurs, I know that my blood can be tested without my consent. If a test is done, I know that I will receive the test results and counseling as needed.

- 3. Njia za Mawasiliano.** Michigan medicine hutumia njia nyingi kuwasiliana nami. Njia itakayotumiwa itategemea sababu au sababu za mawasiliano. Kwa kuipa Michigan Medicine maelezo yangu ya mawasiliano ninakubali kupokea mawasiliano kwa njia tofauti, kwa mfano: simu za kiotomatiki, ujumbe mfupi wa maandishi, tovuti ya wagonjwa, barua pepe, n.k. Ninakubali pia kuwa Michigan Medicine inaweza kunitumia jumbe mfupi zaidi ya mara tatu (3) kwa wiki. Ninaelewa kuwa ninaweza kuchagua kutoshiriki katika baadhi au mbinu hizi zote, lakini lazima niwasilishe matamano yangu kwa wafanyakazi. Michigan Medicine inaweza kurekodi simu zinazolingia na kutoka nami kwa ajili ya uhakikisho wa ubora na madhumuni ya mafunzo.

Communication Methods. Michigan Medicine uses many ways to communicate with me. The method used will depend on the reason or reasons for the communication. By providing Michigan Medicine with my contact information I agree to receive communications in different methods, for example: automated calls, text messaging, patient portal, emails, etc. I further agree that Michigan Medicine can send me text messages more than three (3) times a week. I understand that I can choose not to participate in some or all of these methods, but I must communicate my wishes to staff. Michigan Medicine may record incoming and outgoing phone calls with me for quality assurance and training purposes.

- 4. Huduma za Matibabu Zinazotolewa kwa Njia ya Simu.** Ninaelewa kuwa ninaweza kupata huduma kupitia huduma za matibabu zinazotolewa kwa njia ya simu. Vikwazo vya ziara ya huduma zinazotolewa kwa njia ya simu ni pamoja na uwezekano wa kutoweza kutambua hali zinazopatikana wakati wa uchunguzi kamili wa kimwili. Kunaweza pia kuwa na matatizo ya kiufundi kama vile kupotea au kukatizwa kwa muunganisho.

Telemedicine Services. I understand that I may receive care through telemedicine services. The limitations of a telemedicine visit include the possibility of not being able to pick up conditions found during a complete physical exam. There may also be technical difficulties like a lost connection or interruption.

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- 5. Usalama na Ulinzi.** Kwa maslahi ya mgonjwa, wafanyakazi na usalama wa wageni, Michigan Medicine inahifadhi haki ya kukagua au kukataza matumizi ya vifaa vinavyomilikiwa kibinafsi ikijumuisha, lakini sio tu kwa simu za mkononi (ikiwa ni pamoja na vitendaji vya kamera na video). Uvutaji sigara na matumizi ya bidhaa za tumbaku na bidhaa ambazo hazijaidhinishwa na FDA hayaruhusiwi katika vituo vya Michigan Medicine. Hii ni pamoja na bangi, bidhaa za matibabu zenye bangi ambazo hazijaidhinishwa na FDA za aina zote, sigara za tumbaku, tumbaku ya kutafuna na sigara za kielektroniki. Vifaa ni pamoja na majengo, uwanja, maegesho na ndani ya magari ya kibinafsi kwenye mali ya Michigan medicine. Michigan Medicine haiwajibikii kupotea au wizi wa mali yoyote ya kibinafsi ikiwa haijawekwa katika eneo salama linalotolewa na Michigan Medicine.

Safety and Security. In the interest of patient, staff and visitor safety, Michigan Medicine reserves the right to inspect or prohibit the use of personally owned devices and equipment including, but not limited to cell phones (including camera and video functions). Smoking and the use of tobacco products and non FDA-approved marijuana products is not allowed in Michigan Medicine facilities. This includes marijuana, non FDA-approved medical marijuana products in all forms, tobacco cigarettes, chewing tobacco and e-cigarettes. Facilities include buildings, grounds, parking lots and inside personal vehicles on Michigan Medicine property. Michigan Medicine is not responsible for loss or theft of any personal property if not placed in a Michigan Medicine-provided safe or secure area.

- 6. Kupiga picha au Kurekodi Kunakofanywa na au Kupangwa na Wagonjwa/Familia.** Wagonjwa, familia zao, na marafiki zao hawajahakikishiwa haki ya kupiga picha au kurekodi kwenye majengo ya Michigan Medicine. Hata hivyo, kupiga picha au kurekodi kunaweza kuruhusiwa kwa kutumia vifaa vyao wenyewe kwa kuzingatia mwongozo ufuatao: 1. Kupiga picha au kurekodi lazima **kukomeshwe mara moja** ukielekezwa kufanya hivyo na wafanyakazi wa Michigan Medicine au wakati wowote ikiwa kunatatiza matibabu au huduma kwa wagonjwa, faragha ya mgonjwa, usalama au shughuli; 2. Familia au wageni wa mgonjwa wanaweza kupiga picha au kurekodi mgonjwa pekee; 3. Wagonjwa na wageni hawaruhusiwi kujumuisha wagonjwa wengine au kitivo au wafanyakazi wa Michigan Medicine bila idhini yao ya matamshi; 4. Picha na rekodi zinazochukuliwa na familia au wageni haziwezi kuingizwa kwenye rekodi ya matibabu.

Photographing or Recording Done by or Arranged by Patients/Families. Patients, their families, and their friends are not guaranteed a right to photograph or record on Michigan Medicine premises. However, photographing or recording may be permitted using their own devices subject to the following guidelines: 1. Photographing or recording must **stop right away** if directed to do so by Michigan Medicine staff or at any time if it interferes with clinical care or service to patients, patient privacy, security or operations; 2. Families or visitors of a patient may only photograph or record the patient; 3. Patients and visitors may not include other patients or Michigan Medicine faculty or staff without their verbal permission; 4. Photographs and recordings taken by the family or visitors may not be entered into the medical record.

Saini yangu inawakilisha yafuatayo (weka alama kwa yote yanayotumika):

My signature represents the following (check all that apply):

- Uthibitisho wa Notisi ya NPP**
Acknowledgement of NPP Notification
- Idhini ya Jumla ya Kupokea Huduma za Afya**
General Consent to Receive Healthcare Services
- Makubaliano ya Ugavi wa Manufaa ya Matibabu**
Assignment of Medical Benefits agreement

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Idhini ya Jumla kwa Huduma za Afya na Maelezo
Muhimu ya Mgonjwa - MTU MZIMA**

**General Consent for Healthcare Services and
Important Patient Information - ADULT (Swahili)**

MRN:
NAME:
BIRTHDATE:
CSN:
DOS:

Nimesoma na kuelewa maelezo yaliyo kwenye fomu hii kabla ya kusaini.

I have read and understand the information on this form before I signed it.

Saini ya Mgonjwa au Mwakilishi Aliyeidhinishwa Kisheria (Ikiwa mgonjwa hawezi kusaini)
Signature of Patient or Legally Authorized Representative (If patient is unable to sign)

____/____/____
Tarehe (mwezi/siku/mwaka)
Date (mm/dd/yyyy)

Jina la Mwakilishi Aliyeidhinishwa Kisheria kwa Herufi Kubwa (Ikiwa mgonjwa hawezi kusaini)
Printed Name of Legally Authorized Representative (If patient is unable to sign)

Saa: _____ asubuhi / mchana
Time: _____ A.M. / P.M.

Uhusiano: Mwenzi Jamaa wa Karibu Mlezi Kisheria

Relationship: Spouse Next-of-Kin Legal Guardian

Nguvu ya Kudumu ya Wakili (Durable Power of Attorney, DPOA) wa Huduma ya Afya

DPOA for HealthCare

MICHIGAN MEDICINE Regional Alliance for Healthy Schools (RAHS) Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS) – Umri wa Miaka 18 na Zaidi Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) – 18 Years of Age and Older (Swahili)	MRN: _____ NAME: _____ BIRTHDATE: _____ CSN: _____
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Ili kujiandikisha kwa Huduma ya Muungano wa Kikanda wa Shule zenye Afya tafadhali jaza fomu hii ya Hojaji ya Historia ya Afya.

To register for the Regional Alliance for Healthy Schools Service please fill out this Health History Questionnaire form.

Tarehe ya Leo: ____/____/____ Shule: _____ Darasa: _____
 (mwezi/siku/mwaka)

Today's Date: ____/____/____ School: _____ Grade: _____
 (mm/dd/yyyy)

Jina la Mwanafunzi: _____
 La mwisho _____ La kwanza _____

Student's Name: _____
 Last _____ First _____

Tarehe ya Kuzaliwa: ____/____/____ Lugha Kuu inayozungumzwa nyumbani _____
 (mwezi/siku/mwaka)

Je, Mtoto Anahitaji Mkalimani? Ndiyo Hapana

Date of Birth: ____/____/____ Primary Language spoken in home _____
 (mm/dd/yyyy)

Needs Interpreter? Yes No

Jinsia Aliyopewa Wakati wa Kuzaliwa: Mwanaume Mwanamke Je, unapenda kutumia jina gani? _____

Sex Assigned at Birth: Male Female What name do you like to use? _____

Utambulisho wa Jinsia: _____
 Gender Identity: _____

Viwakilishi Anavyopendelea: yeye/yake yeye/yake wao/wao
 Preferred Pronouns: she/her/hers he/him/his they/them/theirs

Barua pepe yako: _____
 Your email: _____

Nambari yako ya simu ya mkononi: _____
 Your cell number: _____

Anwani: _____ # ya Nyumba: _____
 Address: _____ Apt#: _____

Jiji: _____ Jimbo: _____ Msimbo wa eneo: _____
 City: _____ State: _____ Zip: _____

Kutoa maelezo yafuatayo kuhusu kabila ni jambo la hiari kabisa kwa upande wako na hauhitajiki kujiandikisha.
Providing the following information about ethnic group is strictly voluntary on your part and is not required to register.

Kabila: Mhindi Mmarekani Mwafrika Mmarekani Mwenye asili ya Kihispania Mzungu Mwasia
 Mwenye asili ya Mashariki ya Kati Mwenye asili nyingi (tafadhali taja): _____

Ethnic Group: American Indian African American Hispanic Caucasian Asian Middle Eastern
 Multi-racial (please specify): _____

Nyingine (tafadhali taja): _____

Other (please specify): _____

Maelezo ya Mwasiliani wa Dharura
Emergency Contact Information

Jina la Mwasiliani: _____
 Contact Name: _____

Simu ya Nyumbani: _____ Simu ya Mkononi: _____ Simu ya Kazini: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Uhusiano na mwanafunzi: _____ Barua pepe: _____
 Relationship to student: _____ Email: _____

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS) – Umri wa Miaka 18 na Zaidi
Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) – 18 Years of Age and Older (Swahili)

MRN: _____
 NAME: _____ FOR OFFICE USE ONLY
 BIRTHDATE: _____
 CSN: _____

Njia bora ya kufikia mwasiliani wakati wa siku ya shule? Simu ya nyumbani Simu ya mkononi Simu ya kazini
 Barua pepe Nyingine (taja): _____
 Best way to reach the contact during the school day? Home Cell Work Email Other (specify): _____
 Jina la mwasiliani wa ziada:
 Additional contact name: _____
 Jina: _____ Uhusiano na mwanafunzi: _____ Nambari ya Simu: _____
 Name: _____ Relationship to student: _____ Phone Number: _____

Je, una bima ya afya? Hapana Ndiyo
Do you have health insurance? No Yes

Jina la Bima (taja): _____
 Insurance Name (specify): _____

Jina la Mteja: _____ Tarehe ya Kuzaliwa (DOB) ya mteja: ____/____/____
 (mwezi/siku/mwaka)
 Subscribers Name: _____ Subscriber's date of birth (DOB): ____/____/____
 (mm/dd/yyyy)

ya Sera: _____ # ya Kampuni _____
 Policy #: _____ Group # _____

Je, una Mtoa Huduma wa Msingi (Primary Care Provider, PCP)? Ndiyo Hapana Jina la PCP: _____
Do you have a Primary Care Provider (PCP)? Yes No Name of PCP: _____
 Tarehe ya mwisho wa uchunguzi kamili wa mwili: _____
 Date of last complete physical exam: _____
Je, una Daktari wa Meno? Ndiyo Hapana Jina la Daktari wa Meno: _____
Do you have a Dentist? Yes No Name of Dentist: _____
 Tarehe ya ziara ya mwisho: _____ (mwezi/siku/mwaka) Je, ziara hii ilikuwa ya ukaguzi wa kawaida? Ndiyo Hapana
 Date last seen: _____ (mm/dd/yyyy) Was this a routine check-up? Yes No
Je, familia yako ina duka la dawa inalopendelea? Jina: _____ **Simu/eneo:** _____
Does your family have a preferred pharmacy? Name: _____ **Phone/location:** _____

Je, nani anaishi nyumbani kwenu?
Who lives in your home?

Jina: Name:	Uhusiano: Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

<p>MICHIGAN MEDICINE</p> <p>Regional Alliance for Healthy Schools (RAHS)</p> <p>Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS) – Umri wa Miaka 18 na Zaidi</p> <p>Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) – 18 Years of Age and Older (Swahili)</p>	<p>MRN: _____</p> <p>NAME: _____</p> <p>BIRTHDATE: _____</p> <p>CSN: _____</p>
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Dawa: Situmii dawa yoyote

Medications: I do not take any medications

Jina la dawa: Name of medicine:	Dozi: Dose:	Sababu ya kutumia dawa: Reason for taking:	Kwa muda gani? How long?	Iliagizwa na: Prescribed by:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mizio: Je, una mizio yoyote ya dawa, chakula, kuumwa na wadudu, kuumwa au mizio ya msimu? Hapana Ndiyo (tafadhali weka alama na urodheshe):

Allergies: Do you have any allergies to medicine, food, insect stings, bites or seasonal allergies? No Yes (please check and list below):

Matatizo ya Afya: Tafadhali weka alama kwa yote yanayotumika:

Medical Problems: Please check all that apply:

<input type="checkbox"/> Pumu Asthma	<input type="checkbox"/> Matukio ya kifafa/Kifafa Seizures/Epilepsy	<input type="checkbox"/> Unyogovu Depression	<input type="checkbox"/> Kisukari Diabetes
<input type="checkbox"/> Matatizo ya Moyo Heart Problems	<input type="checkbox"/> Homa/Mizio ya Nyasi Kavuu Hay Fever/Allergies	<input type="checkbox"/> Ulemavu wa Kujifunza Learning Disability	<input type="checkbox"/> Wasiwasi Anxiety

Tatizo la Upungufu wa Makini / Tatizo la Upungufu wa Makini na Utendaji Kupita Kiasi ((ADD/ADHD, Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)
ADD/ADHD (Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)

Nyingine (taja): _____
Other (specify): _____

Je, unavaa mojawapo ya yafuatayo (weka alama kwa yote yanayotumika)? miwani lenzi ya kuweka jichoni

kifaa cha kusaidia kusikia

Do you wear any of the following (check all that apply)? eyeglasses contacts hearing device

Je, umewahi kulazwa hospitalini usiku kucha, umewahi kupata majeraha makubwa ikiwa ni pamoja na majeraha yanayohusiana na michezo, au kufanyiwa upasuaji wa aina yoyote?

Have you ever been hospitalized overnight, had any serious injuries including sports-related injuries, or had any type of surgery?

Hapana Ndiyo: Ikiwa ndiyo, katika umri gani? _____ Tatizo/Aina ya Upasuaji? _____

No Yes: If yes, what age? _____ Problem/Type of Surgery? _____

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

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 (Swahili)

MRN: _____
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Historia ya Familia:

Family History:

Baadhi ya matatizo ya kiafya hupitishwa kutoka kizazi kimoja hadi kingine. Je, wewe au jamaa yako yeyote wa damu (wazazi, babu na nyanya, kaka au dada), aliye hai au aliyefariki, ana au alikuwa na mojawapo ya matatizo yafuatayo?

Some health problems are passed from one generation to the next. Have you or any of your blood relatives (parents, grandparents, brothers or sisters), living or deceased, had any of the following problems?

- Historia ya matibabu ya familia haijulikani. Niliasilwa, historia ya matibabu ya familia haijulikani
 Unknown family medical history. I was adopted, family medical history is unknown

	Ndiyo	Hapana	Sina uhakika	Uhusiano	Upande wa Mama au wa Baba
	Yes	No	Unsure	Relationship	Maternal or Paternal
Mizio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Allergies					
Pumu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Asthma					
Saratani (aina: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cancer (type: _____)					
Wasiwasi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Anxiety					
Unyogovu wa ugonjwa wa kubadilika-badilika kwa hisia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bi-polar depression					
Unyogovu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Depression					
Ugonjwa mwingine wa akili	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other mental illness					
Kisukari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes					
Mshtuko wa moyo au kiharusi kabla ya umri wa miaka 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart attack or stroke before age 50					
Shinikizo la juu la damu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High blood pressure					
Viwango vya juu vya kolestrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High cholesterol					
Maumivu ya kichwa ya Kipandauso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Migraine headaches					
Uvutaji sigara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Smoking					
Matumizi ya Dawa za Kulevy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Substance Abuse					
Mengine (taja): _____					
Others (specify): _____					

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS) – Umri wa Miaka 18 na Zaidi
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 (Swahili)

MRN:

FOR OFFICE
USE ONLY

NAME:

BIRTHDATE:

CSN:

Ndiyo Yes Hapana No

<p>1. Je, ungependa kuratibu miadi na Muuguzi au Daktari wetu ili kujadili wasiwasi wowote wa kiafya? Would you like to schedule an appointment with our Nurse Practitioner or Physician to discuss any health concerns?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Je, una maswali au wasiwasi kuhusu uzani au tabia zako za kula? Do you have questions or concerns about your weight or eating habits? Tafadhali eleza: Please explain:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Je, ungependa kupata maelezo kutoka kwa wafanyakazi wetu kuhusu: Would you like information from our staff regarding:</p> <ul style="list-style-type: none"> • Jinsi ya kupata mtoa huduma wa afya (daktari au muuguzi)? Finding a health care provider (doctor or nurse practitioner)? • Kupata daktari wa meno? Finding a dentist? • Huduma nafuu za matibabu ya macho au miwani? Affordable vision care or glasses? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>4. Je, ungependa mtaalamu wetu wa tiba awasiliane nawe ili kujadili ustawi wako wa kihisia au wasiwasi wako? Would you like to be contacted by our therapist to discuss your emotional well-being or concerns? <input type="checkbox"/> Tayari ninapokea huduma kutoka kwa mtaalamu wa afya ya akili. I am already receiving services from a mental health professional.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Je, una wasiwasi kuhusu mapato ya familia yako kutosha kukidhi mahitaji yako ya kimsingi? Are you concerned about your family's income meeting your basic needs?</p> <ul style="list-style-type: none"> • Je, unahitaji chakula cha ziada? Do you need additional food? • Je, unahitaji mavazi ya ziada? Do you need additional clothing? • Je, unahitaji usaidizi wa kulipia bili za umeme na maji? Do you need help paying bills for heat and water? • Je, unahitaji usaidizi wa usafiri kwenda kwenye miadi ya matibabu au shule? Do you need assistance with transportation to medical or school appointments? • Je, una wasiwasi kuhusu makazi? Are you concerned about housing? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p>6. Je, ungependa kupata maelezo kuhusu: Would you like information regarding:</p> <ul style="list-style-type: none"> • Bima ya Afya? Health Insurance? 	<input type="checkbox"/>	<input type="checkbox"/>

Ikiwa umejibu Ndiyo kwa swali lolote kati ya 1-6 hapo juu, mfanyakazi wetu atawasiliana nawe.
If you answered Yes to any of questions in 1-6 above, a member of our staff will contact you.

Asante.
Thank You.

 Jina la mtu aliyejaza fomu hii kwa herufi kubwa
 Printed name of person who completed this form

_____/_____/_____
 Tarehe (mwezi/siku/mwaka)
 Date (mm/dd/yyyy)