

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)

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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 – MTOTO****General Consent for Healthcare Services and Important Patient Information - CHILD (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**

Mimi, kama mzazi/mlezi, ningependa mtoto wangu apokee 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, as the parent/guardian, want my child 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/disease
- 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 ya mtoto wangu inapohitajika kwa utunzaji au malipo na kuwa idara mbalimbali zinaweza kuwasiliana nami. Ili kuwezesha utunzaji na mahitaji ya matibabu ya mtoto wangu, idara za Michigan Medicine zinaweza kuhitaji kutoa maelezo muhimu kuhusu mtoto wangu kwa watoa huduma wengine wa afya wa nje. Nina haki ya kujadili huduma za afya za mtoto wangu na wahudumu wa afya wa mtoto wangu wakati wowote. Nina haki ya kukubali au kukataa huduma yoyote. Ninaelewa kuwa watoa huduma za afya wa mtoto wangu kwa ujumla wataomba idhini yangu baada ya kujadiliana nami kuhusu huduma mahususi, matibabu na taratibu. Watoa huduma za afya wa mtoto wangu watanifahamisha hatari zinazojulikana, manufaa yanayotarajiwa na njia mbadala za tiba katika majadiliano hayo ambayo huenda nikahitaji kutoa idhini za ziada kwa taratibu vamizi na matibabu maalum kama vile mtoto wangu anapokea 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.

I agree that Michigan Medicine can share my child's information as needed for care or billing and that various departments may contact me. To facilitate my child's care and medical needs, Michigan Medicine departments may need to provide necessary

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**Idhini ya Jumla kwa Huduma za Afya na Maelezo Muhimu ya Mgonjwa – MTOTO****General Consent for Healthcare Services and Important Patient Information - CHILD (Swahili)**MRN:  
NAME:  
BIRTHDATE:  
CSN:  
DOS:

information about my child to other outside healthcare providers. I have a right to discuss my child's health care with my child's health care providers at any time. I have the right to agree to or refuse any care. I understand that my child's health care providers generally will obtain my consent after discussing specific care, therapies and procedures with me. My child's 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 my child receives 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 mengine ya mtoto wangu 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 ya bima ya mtoto wangu na Michigan Medicine hayaruhusu. Ninakabidhi haki na manufaa yote kwa Michigan Medicine ili kusaidia mchakato wa kulipa Michigan Medicine kwa huduma za afya ambazo mtoto wangu atapokea. Ninakubali kusaidia Michigan Medicine kufuatilia madai haya.

I agree that I will be responsible for my child's 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 child's 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 my child 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.** Mtoto wangu anaweza kupokea huduma kutoka kwa wafanyakazi na/au wafunzwa waliochaguliwa na kusimamiwa na wakufunzi. Wafunzwa na wakufunzi wanaweza kusoma na kutumia rekodi za afya za mtoto wangu kwa ajili ya kufundisha na utafiti. Ninakubali kutoa tishu, vielelezo au sehemu zozote za ziada za viungo vinavyotolewa kutoka kwa mwili wa mtoto wangu wakati wa upimaji au taratibu za matibabu ikiwa hazihitajiki kwa uchunguzi au matibabu ya mtoto wangu. Ninaruhusu Michigan Medicine kumiliki, kutumia, kuchanganua, kuweka, kuhifadhi au kutupa tishu hii ya ziada. Hospitali inaweza kutumia au kushiriki tishu hizi na taasisi yoyote kwa madhumuni yoyote ya kisheria, ikiwa ni pamoja na elimu na utafiti. Ninaelewa kuwa daktari wa mtoto wangu anaweza kuwa ametengeneza dawa au kipimo ambacho mtoto wangu anapokea. Dawa au kipimo kimeidhinishwa kutumika na kinaruhusiwa chini ya sheria ya jimbo na serikali kuu. Daktari wa mtoto wangu anaweza kufaidika kutokana na matumizi ya kipimo au dawa. Ninaelewa kuwa ninaweza kumuuliza daktari wa mtoto wangu ikiwa uvumbuzi wake utatumika katika matibabu ya mtoto wangu.

**The Hospital is a Teaching and Research Center.** My child may receive services from staff and/or trainees chosen and overseen by the teaching staff. Trainees and teachers may read and use my child's health care records for teaching and research. I agree to donate any excess tissues, specimens or parts of organs that are removed from my child's body during testing or medical procedures if they are not necessary for my child's diagnosis or treatment. I allow the Hospital to own, manipulate, analyze, keep, save or throw away this excess tissue. The Hospital may use or share these items with any

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entity for any legal purpose, including education and research. I understand that my child's doctor may have developed a treatment or test that my child is given. The treatment or test has been approved for use and it is allowed under state and federal law. My child's doctor may profit from the use of the test or treatment. I understand that I am able to ask my child's doctor if an invention of his/hers will be used in my child's care.

- 2. Virusi vya Ukimwi (VVU)** ni virusi vinavyosababisha UKIMWI (Upungufu wa Kinga Mwilini). **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 ya mtoto wangu inaweza kupimwa bila idhini yangu. Kipimo kikifanywa, ninajua kuwa mtoto wangu atapokea 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 child's blood can be tested without my consent. If a test is done, I know that my child will receive the test results and counseling as needed.

- 3. Njia za Mawasiliano.** Michigan medicine hutumia njia nyingi kuwasiliana nami/mtoto wangu. 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/my child. 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 mtoto wangu anaweza 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 my child 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.

- 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

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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 zilizo na 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 – MTOTO**

**General Consent for Healthcare Services and Important Patient Information - CHILD (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 Mzazi au Mwakilishi Aliyeidhinishwa Kisheria  
Signature of Parent or Legally Authorized Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Tarehe (mwezi/siku/mwaka)  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Jina la Mzazi au Mwakilishi Aliyeidhinishwa Kisheria kwa Herufi Kubwa  
Printed Name of Parent or Legally Authorized Representative

Saa: \_\_\_\_\_ asubuhi / Mchana  
Time: \_\_\_\_\_ A.M. / P.M.

Uhusiano:  Mzazi  Jamaa wa Karibu  Mlezi Kisheria  
Relationship:  Parent  Next-of-Kin  Legal Guardian

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Hojaji ya Historia ya Afya - Muungano wa Kikanda  
wa Shule zenye Afya (RAHS)**  
Health History Questionnaire - Regional Alliance for  
Healthy Schools (RAHS) (Swahili)

MRN: \_\_\_\_\_  
NAME: \_\_\_\_\_ FOR OFFICE  
BIRTHDATE: \_\_\_\_\_ USE ONLY  
CSN: \_\_\_\_\_

Ili kuandikisha mtoto wako kwa Huduma ya Muungano wa Kikanda wa Shule zenye Afya tafadhali jaza fomu hii ya Hojaji ya Historia ya Afya.

To register your child (or adolescent) 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 Mtoto: \_\_\_\_\_  
La mwisho \_\_\_\_\_ La kwanza \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Tarehe ya Kuzaliwa: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lugha Kuu inayozungumzwa nyumbani: \_\_\_\_\_  
(mwezi/siku/mwaka)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Language spoken in home: \_\_\_\_\_  
(mm/dd/yyyy)

Je, Mtoto Anahitaji Mkalimani?  Ndiyo  Hapana Jinsia Aliyopewa Wakati wa Kuzaliwa:  Mwanaume  Mwanamke  
Needs Interpreter?  Yes  No Sex Assigned at Birth:  Male  Female

Je, mtoto wako anapenda kutumia jina gani? \_\_\_\_\_ Utambulisho wa Jinsia: \_\_\_\_\_  
What name does your child like to use? \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Viwakilishi Anavyopendelea: yeye/yake yeye/yake wao/wao Barua pepe ya mgonjwa: \_\_\_\_\_  
Preferred Pronouns: she/her/hers he/him/his they/them/theirs Patient's email: \_\_\_\_\_

Nambari ya simu ya mkononi ya mgonjwa: \_\_\_\_\_  
Patient's 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 kuandikisha mtoto wako.**  
*Providing the following information about ethnic group is strictly voluntary on your part and is not required to register your child.*

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): \_\_\_\_\_

Jina la Mzazi / Mlezi (ikiwa mtoto ako chini ya miaka 18): \_\_\_\_\_  
Parent / Guardian Name (if child is under 18): \_\_\_\_\_

Tarehe ya Kuzaliwa ya Mzazi / Mlezi: \_\_\_\_\_  
Parent / Guardian Date of Birth: \_\_\_\_\_

Simu ya Nyumbani: \_\_\_\_\_ Simu ya Mkononi: \_\_\_\_\_ Simu ya Kazini: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Barua pepe: \_\_\_\_\_  
Email: \_\_\_\_\_

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS)**  
Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) (Swahili)

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CSN: \_\_\_\_\_

Je, njia bora ya kukufikia wakati wa siku ya shule ni gani?  Simu ya nyumbani  Simu ya mkononi  Simu ya kazini

Barua pepe  Nyingine (taja): \_\_\_\_\_

Best way to reach you during the school day?  Home  Cell  Work  Email  Other (specify): \_\_\_\_\_

Jina la Mwasiliani wa Dharura (ikiwa mzazi hapatikani): \_\_\_\_\_

Emergency Contact Name (if parent not available): \_\_\_\_\_

Uhusiano na mwanafunzi: \_\_\_\_\_ Nambari ya Simu: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Je, una bima ya afya?  Hapana  Ndiyo

Do you have health insurance?  No  Yes

Jina la Bima: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

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, mtoto wako ana Mtoa Huduma wa Msingi (Primary Care Provider, PCP)?  Ndiyo  Hapana

Jina la PCP: \_\_\_\_\_

Does your child 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, mtoto wako ana Daktari wa Meno?  Ndiyo  Hapana

Jina la Daktari wa Meno: \_\_\_\_\_

Does your child have a Dentist?  Yes  No Name of Dentist: \_\_\_\_\_

Tarehe ya ziara ya mwisho: \_\_\_\_\_ Je, ziara hii ilikuwa ya ukaguzi wa kawaida?  Ndiyo  Hapana

Date last seen: \_\_\_\_\_ 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?

Who lives in the home?

Jina:

Name:

Uhusiano:

Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dawa:  Mtoto wangu hatumii dawa yoyote

Medications:  My child does not take any medications

Jina la dawa: Dozi:  
Name of medicine: Dose:

Sababu ya kutumia: Reason for taking:

Kwa muda gani? How long?

Iliagizwa na: Prescribed by:

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS)**

**Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) (Swahili)**

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**Mizio:** Je, mtoto wako ana mizio yoyote ya dawa, chakula, kuumwa na wadudu, kuumwa au mizio ya msimu? Hapana Ndiyo (tafadhali orodhesha hapa chini):

**Allergies:** Does your child have any allergies to medicine, food, insect stings, bites or seasonal allergies? No Yes (please list below):

**Matatizo ya Afya:** Tafadhali weka alama kwa yote yanayotumika kwa mtoto.

**Medical Problems:** Please check all that apply for your child.

- Pumu      Unyogovu      Ulemavu wa Kujifunza      Kisukari      Matatizo ya Moyo
- Asthma      Depression      Learning Disability      Diabetes      Heart Problems
- Wasiwasi      Matukio ya kifafa/Kifafa      Tatizo la Upungufu wa Makini / Tatizo la Upungufu wa Makini na Utendaji
- Anxiety      Seizures/Epilepsy      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, mtoto wako anavaa mojawapo ya yafuatayo (weka alama kwa yote yanayotumika)?

- miwani      lenzi ya kuweka jichoni      kifaa cha kusaidia kusikia
- Does your child wear any of the following (check all that apply)? eyeglasses      contacts      hearing device

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

Has your child 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? \_\_\_\_\_

**Historia ya Familia:**

**Family History:**

Baadhi ya matatizo ya kiafya hupitishwa kutoka kizazi kimoja hadi kingine. Je, wewe au jamaa yeyote wa damu ya mtoto (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 child's blood relatives (parents, grandparents, brothers or sisters), living or deceased, had any of the following problems?

- Historia ya matibabu ya familia haijulikani.       Mtoto wangu aliasiliwa, historia ya matibabu ya familia haijulikani
- Unknown family medical history.       My child was adopted, family medical history is unknown

MICHIGAN MEDICINE

Regional Alliance for Healthy Schools (RAHS)

**Hojaji ya Historia ya Afya - Muungano wa Kikanda  
wa Shule zenye Afya (RAHS)**

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

MRN:

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BIRTHDATE:

CSN:

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	Ndiyo Yes	Hapana No
1. Je, ungependa kuratibu miadi ya mtoto wako kuona Muuguzi au Daktari wetu ili kujadili wasiwasi wowote wa kiafya? ..... Would you like to schedule an appointment for your child with our Nurse Practitioner or Physician to discuss any health concerns? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Je, una maswali au wasiwasi kuhusu uzani au tabia za kula za mtoto wako? ..... Do you have questions or concerns about your child's weight or eating habits? ..... Tafadhali eleza: _____ Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Je, ungependa kupata maelezo kutoka kwa wafanyakazi wetu kuhusu: Would you like information from our staff regarding:		
• Jinsi ya kupata mtoa huduma wa afya (daktari au muuguzi)? ..... Finding a health care provider (doctor or nurse practitioner)? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Kupata daktari wa meno? ..... Finding a dentist? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Kupata huduma nafuu za matibabu ya macho au miwani? ..... Affordable vision care or glasses for your child? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Je, ungependa mtaalamu wetu wa tiba awasiliane nawe ili kujadili ustawi wa kihisia au wasiwasi wa mtoto wako? ..... Would you like to be contacted by our therapist to discuss your child's emotional well-being or concerns? .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mtoto wangu tayari anapokea huduma kutoka kwa mtaalamu wa afya ya akili. <input type="checkbox"/> My child is already receiving services from a mental health professional.		
5. Je, una wasiwasi kuhusu uwezo wa mapato yako kukidhi mahitaji ya msingi ya familia yako? ..... Are you concerned about your income meeting the basic needs of your family? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Je, unahitaji chakula cha ziada kwa familia yako? ..... Do you need additional food for your family? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Je, unahitaji mavazi ya ziada kwa familia yako? ..... Do you need additional clothing for your family? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Je, unahitaji usaidizi wa kulipia bili za umeme na maji? ..... Do you need help paying bills for heat and water? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Je, unahitaji usaidizi wa usafiri kwenda kwenye miadi ya matibabu au shule? ..... Do you need assistance with transportation to medical or school appointments? .....	<input type="checkbox"/>	<input type="checkbox"/>
• Je, una wasiwasi kuhusu makazi ya familia yako? ..... Are you concerned about housing for your family? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Je, ungependa kupata maelezo kuhusu: Would you like information regarding:		
• 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)