|  |  |
| --- | --- |
| English | **Tigrinya** |
| Patient Questionnaire for newly arrived migrants in the UK: Children and Young People  | ናይ ሕሙማት ዳህሳስ ሕቶታት ናብ ዓዲ እንግሊዝ ሓደስቲ ንዝመጹ ስደተኛታት፡ ህጻናትን መንእሰያትን  |
| Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP This questionnaire is to collect information about children’s health so that the health professionals at your GP practice can understand what support, treatment and specialist services they may need in accordance with the confidentiality and data sharing policies of the National Health Service. **Competent young people aged under 18 may complete the adult version for themselves.** Your GP will not disclose any information you provide for purposes other than your direct care unless: you have consented (e.g. to support medical research); or they are required to do so by law (e.g. to protect other people from serious harm); or because there is an overriding public interest (e.g. you are suffering from a communicable disease). Further information about how your GP will use your information is available from your GP practice.Return your answers to your GP practice.  | ኩሉ ሰብ ኣብ GP (ሓፈሻዊ ሓኪም) ናይ ምምዝጋብ መሰል ኣለዎ። ምስ ሓፈሻዊ ሓኪም ንምምዝጋብ ናይ ኣድራሻ መረጋገጺ፣ ኩነታት ኢሚግሬሽን፣ መለለዪ መንነት ወይ ቁጽሪ NHS ኣየድልየካን እዩ። እዚ ዳህሳስ ሕቶታት እዚ፣ እቶም ኣብ ትካል ሓፈሻዊ ሕክምናኹም ዘለዉ ሰብ ሞያ ጥዕና፣ ብመሰረት ፖሊሲታት ምስጢራዊነትን ምክፋል መረዳእታን ሃገራዊ ኣገልግሎት ጥዕና እንታይ ዓይነት ደገፍ፣ ሕክምናን ስፔሻሊስት ኣገልግሎታትን ከድልዮም ከም ዝኽእል ንምርዳእ ብዛዕባ ጥዕና ህጻናት ሓበሬታ ንምእካብ እዩ። **ትሕቲ 18 ዓመት ዝዕድሚኦም ብቑዓት መንእሰያት ነቲ ናይ ዓበይቲ ስሪት ባዕሎም ክመልኡእዎ ይኽእሉ እዮም።** ሓፈሻዊ ሓኪምካ እትህቦ ዝኾነ ይኹን ሓበሬታ ካብ ቀጥታዊ ክንክንካ ወጻኢ ንኻልእ ዕላማታት ኣይገልጽን እዩ፣ እዚ ግን ፍቓድ እንተሂብካ (ንኣብነት ንሕክምናዊ ምርምር ንምድጋፍ)፤ ወይ ብሕጊ ከምኡ ክገብሩ እንተተገዲዱ (ንኣብነት ንኻልኦት ሰባት ካብ ከቢድ ጉድኣት ንምክልኻል)፤ ወይ ድማ ልዕሊ ኩሉ ህዝባዊ ረብሓ ስለዘሎ (ንኣብነት ብተመሓላላፊ ሕማም ትሳቐ እንተ ኣሊኻ) ሓበሬታኻ ክገልጽ ይኽእል። ብዛዕባ እቲ ሓፈሻዊ ሓኪምካ ንሓበሬታኻ ብኸመይ ከም ዝጥቀመሉ ተወሳኺ ሓበሬታ ኣብ ናይ ሓፈሻዊ ሓኪም ትካልካ ይርከብ።መልስታትካ ናብ ናይ ሓፈሻዊ ሓኪም ልምምድካ ምለስ።  |
| Person completing | ነዚ ዳህሳስ ዝመልእ ዘሎ ውልቀ ሰብ |
| Who is completing this form:[ ]  Child’s Parent [ ]  Child’s legal guardian/carer | ነዚ ቅጥዒ ዝመልእ ዘሎ ሰብ፡[ ]  ናይ ህጻን ወላዲ [ ]  ናይ ህጻን ሕጋዊ ኣላዪ/መዕበዪ |
| Section one: Personal details | ቀዳማይ ክፋል፡ ውልቃዊ ዝርዝር ሓበሬታ |
| Child’s full name: | ምሉእ ስም ህጻን፡ |
| Child’s date of birth: Date\_\_\_\_\_\_ Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_ | ዕለተ ልደት ህጻን፡ ዕለት\_\_\_\_\_\_ ወርሒ \_\_\_\_\_\_\_ ዓመት \_\_\_\_\_\_ |
| Child’s address:  | ኣድራሻ ህጻን፡  |
| Mother’s name: | ናይ ኣደ ሽም፡ |
| Father’s name: | ናይ ኣቦ ሽም፡ |
| Contact telephone number(s):  | ቁጽሪ ተሌፎን(ናት) ርክብ፡  |
| Email address: | ኢመይል ኣድራሻ፡ |
| **Please tick all the answer boxes that apply to your child.** | **በጃኹም ኣብ ኩሎም ንውላድኩም ዝምልከቱ ናይ መልሲ ሳጹናት ምልክት ግበሩ።** |
| * 1. Which of the following best describes your child:

[ ] Male [ ] Female [ ] Other[ ] Prefer not to say  | 1.1ካብዞም ዝስዕቡ ኣየናይ እዩ ንውላድካ ዝበለጸ ዝገልጾ፡ [ ] ተባዕታይ [ ] ኣንስታይ [ ] ካልእ[ ] ዘይምምላስ ይመርጽ  |
| 1.2 Religion: [ ] Buddhist [ ] Christian [ ] Hindu [ ] Jewish [ ] Muslim [ ] Sikh [ ] Other religion[ ] No religion | 1.2 ሃይማኖት: [ ] ቡድሂስት [ ] ክርስትያን [ ] ሂንዱ [ ] ኣይሁድ [ ] ሙስሊም [ ] ሲክ [ ] ካልእ ሃይማኖት[ ] ሃይማኖት ኣልቦ |
| 1.3 Main spoken language:

|  |  |
| --- | --- |
| [ ] Albanian | [ ] Russian |
| [ ] Arabic | [ ] Tigrinya |
| [ ] Dari | [ ] Ukrainian |
| [ ] English | [ ] Urdu |
| [ ] Persian | [ ] Vietnamese |
| [ ] Other |  |

 | 1.3 ቀንዲ ዝዝረብ ቋንቋ፡

|  |  |
| --- | --- |
| [ ] ኣልባንያ | [ ] ሩስያ |
| [ ] ዓረብኛ | [ ] ትግርኛ |
| [ ] ዳሪ | [ ] ዩክሬን |
| [ ] እንግሊዝኛ | [ ] ኡርዱ |
| [ ] ፐርሽያ | [ ] ቪየትናም |
| [ ] ካልእ |  |

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| * 1. Second spoken language:

|  |  |
| --- | --- |
| [ ] Albanian | [ ]  Russian |
| [ ] Arabic | [ ] Tigrinya |
| [ ] Dari | [ ] Ukrainian |
| [ ] English | [ ] Urdu |
| [ ] Persian | [ ] Vietnamese |
| [ ] Other | [ ] None |

 | 1.4ካልኣይ ዝዝረብ ቋንቋ፡

|  |  |
| --- | --- |
| [ ] ኣልባንያ | [ ]  ሩስያ |
| [ ] ዓረብኛ | [ ] ትግርኛ |
| [ ] ዳሪ | [ ] ዩክሬን |
| [ ] እንግሊዝኛ | [ ] ኡርዱ |
| [ ] ፐርሽያ | [ ] ቪየትናም |
| [ ] ካልእ | [ ] ዋላ ሓደ |

 |
| * 1. Does your child need an interpreter?

[ ] Yes [ ] No  | 1.5ውላድካ ተርጓሚ የድልዮ ድዩ? [ ] እወ [ ] ኣይፋልን  |
| * 1. Does your child need sign language support?

[ ] No[ ] Yes | 1.6ውላድካ ናይ ምልክት ቋንቋ ደገፍ የድልዮ ድዩ?[ ] ኣይፋልን[ ] እወ |
| * 1. Who lives in the same household as your child now in the UK?

[ ] Mother[ ] Father[ ] Brother(s)How many? \_\_\_\_\_\_\_\_\_\_\_What age(s)? \_\_\_\_\_\_\_\_\_\_\_[ ] Sister(s) [ ] How many? \_\_\_\_\_\_\_\_\_\_[ ] What age(s)?\_\_\_\_\_\_\_\_\_\_[ ] Other [ ] How many? \_\_\_\_\_\_\_\_\_ | 1.7መን እዩ ምስ ውላድካ ሕጂ ኣብ ዓዲ እንግሊዝ ኣብ ሓደ ገዛ ዝነብር?[ ] ኣደ[ ] ኣቦ[ ] ሓው(ኣሕዋት)ክንደይ? \_\_\_\_\_\_\_\_\_\_\_ዕድመ(ኦም) ክንደይ እዩ? \_\_\_\_\_\_\_\_\_\_\_[ ] ሓፍቲ(ኣሓት) [ ] ክንደይ? \_\_\_\_\_\_\_\_\_\_\_[ ] ዕድመ(አን) ክንደይ እዩ? \_\_\_\_\_\_\_\_\_\_\_[ ] ካልእ [ ] ክንደይ? \_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Does your child attend nursery or school?

[ ] No[ ] My child is under 2 years of age[ ]  We have applied for a place but have not yet been allocated a nursery/school[ ] I would like information on where I can get support to apply for a nursery or school place[ ] Yes – *please give name of nursery or school*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1.8ውላድካ ኣብ መዋእለ ህጻናት ወይ ቤት ትምህርቲ ይመሃር ድዩ?[ ] ኣይፋልን[ ] ውላደይ ትሕቲ 2 ዓመት እዩ[ ]  ቦታ ንምርካብ ኣመልኪትና ግን ገና መዋእለ ህጻናት/ቤት ትምህርቲ ኣይተመደበልናን[ ] ንመዋእለ ህጻናት ወይ ናይ ቤት ትምህርቲ ቦታ ንምምልካት ኣበይ ደገፍ ክረክብ ከም ዝኽእል ዝምልከት ሓበሬታ ይደሊ እየ[ ] እወ – *በጃኹም ስም ናይ መዋእለ ህጻናት ወይ ቤት ትምህርቲ ሃቡኒ*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section two: Health questions | ካልኣይ ክፋል፡ ሕቶታት ጥዕና |
| * 1. Do you have any concerns about your child?

[ ] No[ ] Yes | 2.1ብዛዕባ ውላድካ ዝኾኑ ናይ ጥዕና ስክፍታታት ኣለውኻ ድዮም?[ ] ኣይፋልን[ ] እወ |
| * 1. Is your child currently unwell or ill?

[ ] No [ ] Yes | 2.2ኣብዚ እዋን እዚ ውላድካ ሓሚሙ ወይ ጥዕና ስኢኑ ድዩ?[ ] ኣይፋልን [ ] እወ |
| * 1. Does your child need an urgent help for a health problem?

[ ] No [ ] Yes | 2.3ውላድካ ንዝኾነ ጸገም ጥዕና ህጹጽ ሓገዝ የድልዮ ድዩ?[ ] ኣይፋልን [ ] እወ |
| * 1. Does your child currently have any of the following symptoms? Please tick all that apply

[ ] Weight loss[ ] Cough[ ] Coughing up blood[ ] Night sweats[ ] Extreme tiredness[ ] Breathing problems[ ] Fevers[ ] Diarrhoea[ ] Constipation[ ] Skin complaints or rashes[ ] Blood in their urine[ ] Blood in their stool[ ] Headache[ ] Pain[ ] Low mood[ ] Anxiety[ ] Distressing flashbacks or nightmares[ ] Difficulty sleeping[ ] Feeling that they want to harm themselves or give up on life[ ] Other | 2.4ኣብዚ እዋን እዚ ውላድካ ዝኾነ ካብዞም ዝስዕቡ ምልክታት ኣለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ[ ] ምንካይ ክብደት ሰብነት[ ] ሰዓል[ ] ደም ምስዓል[ ] ናይ ለይቲ ረሃጽ[ ] ልዑል ድኻም[ ] ናይ ምስትንፋስ ጸገም[ ] ረስኒ[ ] ተቕማጥ/ውጽኣት[ ] ድርቀት[ ] ናይ ቆርበት ሽፍታ ወይ ስሓ[ ] ሽንቲ ኣብ ደም[ ] ሽንቲ ኣብ ሰገራ[ ] ሕማም ርእሲ[ ] ቃንዛ[ ] ስምዒት ምስኣን[ ] ውጥረት[ ] ዘጨንቑ ዝኽርታት ወይ ዝርብሽ ሕልሚ[ ] ጸገም ምድቃስ[ ] ንነብሶም ክጎድኡ ወይ ኣብ ህይወት ተስፋ ዝቖርጹ ኮይኑ ምስ ዝስምዖም[ ] ካልእ |
| * 1. Please mark on the body image the area(s) where they are experiencing their current health problem(s)
 | 2.5በጃኻ ኣብቲ ናይ ሰብነት ኣካላት ዘርኢ ምስሊ ኣብቲ ሕጂ ዘለዎ ናይ ጥዕና ጸገም(ማት) ዘጋጥሞ ከባቢ(ታት) ምልክት ግበር  |



|  |  |
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| * 1. Was your child born prematurely (delivered early – before 37 weeks/8.5 months of pregnancy)?

[ ] No[ ] Yes | 2.6ውላድካ ቅድሚ ግዜኡ ድዩ ተወሊዱ ነይሩ (ዝቐደመ ሕርሲ – ቅድሚ 37 ሰሙን/8.5 ወርሒ ጥንሲ)?[ ] ኣይፋልን[ ] እወ |
| * 1. Did your child have any health problems soon after delivery e.g. breathing problems, infection, brain injury?

[ ] No[ ] Yes | 2.7ውላድካ ድሕሪ ሕርሲ ኣብ ሓጺር ግዜ ዝኾነ ናይ ጥዕና ጸገም ነይርዎ ድዩ ንኣብነት፡ ከም ጸገም ምስትንፋስ፣ ረኽሲ፣ መጉዳእቲ ሓንጎል?[ ] ኣይፋልን[ ] እወ |
| * 1. **New babies only (up to 3 months old):** Has your child had a 6-8 week post delivery health check by a GP (doctor)?

[ ] No[ ] Yes | **2.8ሓደስቲ ዕሸላት ጥራይ (ክሳብ 3 ወርሒ ንዝዕድሚኦም):** ውላድካ ድሕሪ ሕርሲ ናይ 6-8 ሰሙን ብGP (ዶክተር) ናይ ጥዕና መርመራ/ክትትል ተገይሩሉ ድዩ? [ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any known health problems?

[ ] No[ ] Yes | 2.9ውላድካ ዝኾነ ዝፍለጥ ናይ ጥዕና ጸገም ኣለዎ ድዩ?[ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any of the following? Please tick all that apply

[ ] Asthma[ ] Blood disorder [ ] Sickle cell anaemia [ ] Thalassaemia[ ] Cancer[ ] Dental problems[ ] Diabetes[ ] Epilepsy [ ] Eye problems[ ] Ears, nose or throat[ ] Heart problems[ ] Hepatitis B[ ] Hepatitis C[ ] HIV [ ] Kidney problems[ ] Liver problems[ ] Mental health problems [ ] Low mood/depression[ ] Anxiety[ ] Post-traumatic stress disorder (PTSD)[ ] Previously self-harmed[ ] Attempted suicide[ ] Other [ ] Skin disease[ ] Thyroid disease [ ] Tuberculosis (TB)[ ] Other | 2.10ውላድካ ዝኾነ ካብዞም ዝስዕቡ ኣለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ[ ] ኣዝማ/ኣስሚ[ ] ናይ ደም ጸገም [ ] ዋሕዲ ደም ሲክል ሴል [ ] ታላሲምያ[ ] ካንሰር[ ] ናይ ስኒ ጸገማት[ ] ሕማም ሽኮር[ ] ዘውድቕ ሕማም [ ] ናይ ዓይኒ ጸገማት[ ] ናይ እዝኒ፣ ኣፍንጫ ወይ ጎሮሮ[ ] ናይ ልቢ ጸገማት[ ] ሄፓቲትስ ቢ[ ] ሄፓቲትስ ሲ[ ] ኤች ኣይ ቪ [ ] ጸገማት ኩሊት[ ] ጸገም ጸላም ከብዲ[ ] ኣእምሮኣዊ ጸገማት [ ] ትሑት ስምዒት/ጭንቀት[ ] ውጥረት[ ] ድሕሪ ዘሰንብድ ፍጻመ ዝመጽእ ጸቕጢ (PTSD)[ ] ቅድሚ ሕጂ ንባዕሉ ጎዲኡ ዝፈልጥ[ ] ፈተነ ነብሰ ቅትለት[ ] ካልእ [ ] ናይ ቆርበት ሕማም[ ] ሕማም ታይሮይድ [ ] ሕማም ዓባይ ሰዓል (ቲቢ)[ ] ካልእ |
| * 1. Has your child ever had any operations / surgery?

[ ] No[ ] Yes | 2.11ውላድካ ዝኾነ መጥባሕቲ ተገይሩሉ ይፈልጥ ድዩ?[ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any physical injuries due to war, conflict or torture?

[ ] No[ ] Yes | 2.12ውላድካ ብሰንኪ ኲናት፣ ግጭት ወይ ስቅያት ዝኾነ ኣካላዊ መጉዳእቲ በጺሑዎ ድዩ?[ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?

[ ] No[ ] Yes | 2.13ውላድካ ዝኾነ ናይ ኣእምሮ ጥዕና ጸገም ኣለዎ ድዩ? እዚኦም ብሰንኪ ኲናት፣ ግጭት፣ ስቅያት ወይ ካብ ሃገርካ ንክትሃድም ምስ እትግደድ ዝፍጠሩ ክኾኑ ይኽእሉ?[ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any physical disabilities or mobility difficulties?

[ ] No[ ] Yes | 2.14ውላድካ ዝኾነ ኣካላዊ ስንክልና ወይ ናይ ምንቅስቓስ ጸገም ኣለዎ ድዩ?[ ] ኣይፋልን[ ] እወ |
| * 1. Does your child have any sensory impairments? Please tick all that apply

[ ] No[ ] Blindness[ ] Partial sight loss[ ] Full hearing loss [ ] Partial hearing loss[ ] Smell and/or taste problems | 2.15ውላድካ ዝኾነ ናይ ህዋሳት ጸገም ኣለዎ ድዩ? በጃኹም ኣብ ዝምልከቶ ኩሉ ምልክት ግበሩ[ ] ኣይፋልን[ ] ዓይነ ስውርነት[ ] ብኽፋል ናይ ምር ኣይጸገም[ ] ሙሉእ ናይ ምስማዕ ጸገም [ ] ብኽፋል ናይ ምስማዕ ጸገም[ ] ናይ ምሽታትን ጣዕምን ጸገማት |
| * 1. Do you think your child has any learning difficulties or behaviour problems?

[ ] No[ ] Yes | 2.16ውላድካ ዝኾነ ናይ ትምህርቲ ወይ ናይ ባህሪ ጸገም ዘለዎ'ዶ ይመስለካ?[ ] ኣይፋልን[ ] እወ |
| * 1. Do you have any concerns about your child’s growth e.g. their weight/height?

[ ] No[ ] Yes | 2.17ብዛዕባ ዕብየት ውላድካ ዝኾነ ስክፍታ ኣለካ ድዩ፣ ንኣብነት ክብደቶም/ቁመቶም?[ ] ኣይፋልን[ ] እወ |
| * 1. **Babies only:** Is you child experiencing any feeding problems e.g. vomiting, reflux, refusing milk?

[ ] No[ ] Yes | **2.18ንዕሸላት ጥራይ:** ውላድካ ዝኾነ ናይ ምምጋብ ጸገም የጋጥሞ ድዩ፣ ንኣብነት ተምላስ፣ ንዓቀብ ምምላስ፣ ጸባ ምእባይ?[ ] ኣይፋልን[ ] እወ |
| * 1. Has a member of your child’s immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following?

[ ] Asthma[ ] Cancer[ ] Depression/Mental health illness[ ] Diabetes[ ] Heart attack[ ] Hepatitis B[ ] High blood pressure[ ] HIV[ ] Learning difficulties[ ] Stroke[ ] Tuberculosis (TB)[ ] Other  | 2.19ሓደ ኣባል ናይ ቀረባ ስድራቤት ውላድካ (ኣቦ፣ ኣደ፣ ኣሕዋትን ኣቦ ሓጎታት/ እነ ሓጎታትን) ካብዞም ዝስዕቡ ዝኾነ ይኹን ኣለዎም ወይ ነይሩዎም ድዩ? [ ] ኣዝማ/ኣስሚ[ ] ካንሰር[ ] ጭንቀት/ናይ ኣእምሮ ጥዕና ጸገማት[ ] ሕማም ሽኮር[ ] ወቕዒ ልቢ[ ] ሄፓቲትስ ቢ[ ] ልዑል ጸቕጢ ደም[ ] ኤች ኣይ ቪ[ ] ናይ ምምሃር ጸገማት[ ] ወቕዒ[ ] ሕማም ዓባይ ሰዓል (ቲቢ)[ ] ካልእ  |
| * 1. Is your child on any prescribed medicines?

[ ] No [ ] Yes *–please list your child’s prescribed medicines and doses in the box below****Please bring any prescriptions or medicines to your child’s appointment***

|  |  |
| --- | --- |
| *Name*  | *Dose* |
|  |  |

 | 2.20ውላድካ ዝኾነ ዝተኣዘዘ መድሃኒት ይወስድ ኣሎ ድዩ?[ ] ኣይፋልን [ ] እወ*–በጃኹም ውላድኩም ዝተኣዘዘሉ መድሃኒታትን ዓቐንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ****ዝኾኑ ትእዛዛት ወይ መድሃኒት ናብ ቆጸራ ውላድካ ሒዝካ ምጻእ***

|  |  |
| --- | --- |
| *ሽም*  | *ዓቐን/ዶዝ* |
|  |  |

 |
| * 1. Are you worried about running out of any these medicines in the next few weeks?

[ ] No [ ] Yes  | 2.21ኣብ ዝቕጽሉ ሒደት ሰሙናት ዝኾነ ካብዞም መድሃኒታት ከይውደኣካ ትጭነቕ ዲኻ? [ ] ኣይፋልን [ ] እወ  |
| * 1. Does your child take any medicines that have not been prescribed by a health professional e.g medicines you have bought at a pharmacy/shop/on the internet or had delivered from overseas?

[ ] No [ ] Yes *–please list medicines and doses in the box below****Please bring any medicines to your child’s appointment***

|  |  |
| --- | --- |
| *Name*  | *Dose* |
|  |  |

 | 2.22ውላድካ ብበዓል ሞያ ጥዕና ዘይተኣዘዘ መድሃኒት ይወስድ ድዩ ንኣብነት ኣብ ፋርማሲ/ድኳን/ ወይ ብመገዲ ኢንተርነት ዝገዛእካዮ ወይ ካብ ወጻኢ ሃገራት ዝተላእከ መድሃኒታት?[ ] ኣይፋልን [ ] እወ*–በጃኹም እቶም መድሃኒታትን ዓቐንን ኣብዚ ኣብ ታሕቲ ዘሎ ሳጹን ዘርዝሩ****ዝኾኑ መድሃኒታት ናብ ቆጸራ ውላድካ ሒዝካ ምጻእ***

|  |  |
| --- | --- |
| *ሽም*  | *ዓቐን/ዶዝ* |
|  |  |

 |
| * 1. Does your child have allergy to any medicines?

[ ] No [ ] Yes  | 2.23ውላድካ ንዝኾነ መድሃኒት ኣለርጂ ኣለዎ ድዩ? [ ] ኣይፋልን [ ] እወ  |
| * 1. Does your child have allergy to anything else? (e.g. food, insect stings, latex gloves)?

[ ] No[ ] Yes | 2.24ውላድካ ንኻልእ ነገር ኣለርጂ ኣለዎ ድዩ? (ንኣብነት መግቢ፣ ነፍሳት፣ ጓንቲ ላቴክስ)?[ ] ኣይፋልን[ ] እወ |
| Section three: Vaccinations | ሳልሳይ ክፋል፡ ክታበታት |
| * 1. Has your child had all the childhood vaccinations offered in their country of origin for their age?

***If you have a record of your vaccination history, please bring this to your appointment.***[ ] No[ ] Yes[ ] I don’t know | 3.1ውላድካ ኩሉ እቲ ኣብ መበቆል ሃገሩ ንዕድሚኡ ዝቐርብ ናይ ቁልዕነት ክታበታት ረኺቡ ድዩ?***ናይ ክታበት ታሪኽኩም መዝገብ እንተሃልዩኩም፣ በጃኹም ነዚ እውን ናብ ቆጸራኹም ሒዝኩሞ ምጹ።***[ ] ኣይፋልን[ ] እወ[ ] ኣይፈልጥን |
| * 1. Has your child been vaccinated against Tuberculosis (TB)?

[ ] No[ ] Yes[ ] I don’t know | 3.2ውላድካ ኣንጻር ሕማም ዓባይ ሰዓል (ቲቢ) ተኸቲቡ ድዩ?[ ] ኣይፋልን[ ] እወ[ ] ኣይፈልጥን |
| * 1. Has your child been vaccinated against COVID-19?

[ ] No[ ] Yes [ ] 1 dose[ ] 2 doses[ ] 3 doses[ ] More than 3 doses[ ] I don’t know | 3.3ውላድካ ኣንጻር ኮቪድ-19 ተኸቲቡ ድዩ?[ ] ኣይፋልን[ ] እወ [ ] 1 ዓቐን/ዶዝ[ ] 2 ዓቐን/ዶዝ[ ] 3 ዓቐን/ዶዝ[ ] ልዕሊ 3 ዓቐን/ዶዝ[ ] ኣይፈልጥን |
| If there is something relating to your child’s health that you do not feel comfortable sharing in this form and you would like to discuss it with a doctor, please call your GP and book an appointment | ምስ ጥዕና ውላድካ ዝተኣሳሰርን ኣብዚ ቅጥዒ’ዚ ምክፋል ምቹእ ኮይኑ ዘይስምዓካን ካልእ ነገር እንተሃልዩን ምስ ሓኪም ክትዛተየሉ እንተደሊኻን፣ በጃኻ ናብ ሓፈሻዊ ሓኪምካ ደዊልካ ቆጸራ ግበር |