



Health Summary SWAHILI

COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

SHULE _____ <i>School</i>	DARAJA _____ <i>Grade</i>	MWANAFUNZI # _____ <i>Student No.</i>
JINA _____ <i>Full Name</i>	☐ Kiume ☐ Kike <i>Male Female</i>	Tarehe ya kuzaliwa _____ <i>Date of Birth</i>
MZAZI/MLEZI #1 _____ <i>Parent/Guardian #1</i>	Nyumbani # _____ <i>Home Phone</i>	Kazini # _____ <i>Work Phone</i>
MZAZI/MLEZI #2 _____ <i>Parent/Guardian #2</i>	Nyumbani # _____ <i>Home Phone</i>	Kazini # _____ <i>Work Phone</i>
MWASILIANI WA DHARURA _____ <i>Emergency Contact</i>	Jina / Name _____	Uhusiano / Relationship _____
DAKTARI/KLINIKI / Doctor/Clinic _____	Simu / Phone Number _____	
DAKTARI WA MENO / Dentist _____	Simu / Phone Number _____	
HOSPITALI UNAYOPENDELEA ☐ Boone ☐ University ☐ Otro _____ <i>Preferred Hospital</i>		
AINA YA BIMA _____ <i>Type of Insurance</i>	☐ Ajira ☐ Privat ☐ Medicaid (kadi nyekundu) ☐ MoHealthNet ☐ Hamna <i>Employment Private Red Card Medicaid None</i>	
☐ HAMNA KATI YA MATATIZO YA AFYA YALIYOORODHESHA KATIKA KISANDUKU HAPA CHINI YANAMHUSU MTOTO WANGU <i>None of the health concerns listed in the box below apply to my child.</i>		

MTOTO WANGU ANA MATATIZO MAALUM YA AFYA YAFUATAYO:

My child has the following special health concerns:

☐ **MIZIO:** (dawa, chakula, wadudu, machavuo) tafadhali orodhesha _____
Allergies: (drugs, food, insects, pollens). Please, list

Je, mzio umewahi kuhitaji hatua ya dharura awali?? ☐ Ndiyo ☐ Hapana **Eleza mkabiliano:** _____
Has allergy required emergency action in the past? Yes No Describe reaction

MZIO WA CHAKULA HUHTAJI TAARIFA YA DAKTARI YA ULEMAVU

A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN'S STATEMENT OF DISABILITY

☐ **PUMU **Kama ndiyo, lazima ujaze Fomu ya Historia ya Pumu****
*Asthma **If yes, you must complete Asthma History Form***

☐ **TATIZO LA MAPUNGUFU YA KUMAKINIKA (ADD/ADHD):** Dawa: _____ Kumezwa saa: ☐ Nyumbani ☐ Shuleni
Attention-Deficit/Hyperactivity Disorder (ADHD) Medications Taken at Home / School

☐ **KISUKARI:** ☐ Kutegemea Insulini ☐ Haitegemei insulini **Daktari:** _____ **Maoni:** _____
DIABETES: Insulin dependent Non-Insulin dependent Doctor Comments

☐ **MASIKIO:** ☐ maambukizi ya mara kwa mara ☐ Mirija (☐ Kulia ☐ Kushoto, tarehe ilipowekwa _____)
Ears Frequent Infections Tubes (right, left, date inserted)

☐ Tatizo la kusikia (fafanua) / Hearing difficulty. Explain _____

☐ Vifaa vya kusikia (☐ Mirija ☐ Kushoto; Kuvaa shuleni? ☐ Ndiyo ☐ Hapana ☐ Nyingine _____
Hearing Aid (Right, left, wear at school? Yes No) Other

☐ **MACHO:** ☐ miwani (☐ kusoma ☐ umbali) ☐ mawasiliano ☐ jicho zembe ☐ tatizo la kuona ☐ upasuaji wa awali
Eyes Glasses Reading Distance Contact Lenses Lazy eye Difficulty seeing Previous surgery

☐ **UTAMBUZI WA AFYA YA AKILI:** ☐ Kuhangaika ☐ Unyogovu ☐ Nyingine: _____
Mental health diagnostics Anxiety Depression Other

☐ **MSHTUKO WA MOYO:** Tafadhali, eleza _____ **Daktari:** _____
Seizures. Please, describe Doctor

Tarehe ya mshtuko wa mwisho _____ **Dawa** _____
Date of last seizure Medication

☐ **DAWA NYINGINE:** _____ **Sababu** _____ **Imechukuliwa saa:** ☐ Nyumbani ☐ Shule
Other Medication Reason Taken at: Home / School

MATATIZO MENGINE YA KIAFYA AMBAYO YANAWEZA KUATHIRI SHULE: _____
Other health concerns which could affect school

Wilaya ya Shule ya Umma ya Columbia inahakikisha kwamba itatoa elimu ya umma bila malipo, ifaayo kwa watoto wote wanaostahiki wenye ulemavu kati ya umri wa miaka 3 na 21 chini ya mamlaka yake. Ikiwa unashuku kuwa mwanafunzi wako ana ulemavu wa kielimu ambao haujatambuliwa ambao unaweza kuwa chini ya IDEA au Sehemu ya 504, wasiliana na idara ya huduma maalum kwa (573) 214-3462. Ikiwa mwanafunzi wako tayari ana mpango wa elimu ya mtu binafsi (IEP) au mpango wa malazi 504, wasiliana na mwenyekiti wa idara ya jengo hilo.

The Columbia Public School district assures that it will provide a free, appropriate public education to all eligible children with disabilities between the ages of 3 and 21 under its jurisdiction. If you suspect that your student has an unidentified educational disability that would fall under IDEA or Section 504, contact the special services department at (573) 214-3462. If your student already has an individual education program (IEP) or a 504-accommodation plan, contact the building's department chair.

**** Nakala ya rekodi ya sasa ya chanjo lazima iwasilishwe ili kujiandikisha****

Copy of current immunization record must be presented to enroll

Kwa mujibu wa sera ya Bodi ya Elimu, wazazi/walezi wataarifiwa haraka iwezekanavyo iwapo kuna ugonjwa mbaya au jeraha. Wanafunzi watapelewa huduma ya dharura na wafanyakazi wa shule kama ilivyoonyeshwa katika Kitabu cha Mwanafunzi. Wazazi/walezi ambao hawataki mtoto wao kutunzwa kwa mujibu wa sera hii wanapaswa kuonyesha hili kwa maandishi kwa:

HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.

In accordance with the Board of Education policy, parents/guardians will be notified as soon as possible in case of serious illness or injury. Students will be given emergency care by school personnel as indicated in the Student Handbook. Parents/guardians who do not wish their child cared for in accordance with this policy should indicate this in writing to:

Sahihi yangu hapa chini inathibitisha maelezo hapo juu kuwa sahihi. Pia ninamruhusu muuguzi wa shule kushiriki maelezo na wafanyakazi wa shule kama inavyoonekana inafaa na muuguzi, ili kuhakikisha afya na usalama wa mtoto wangu.

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Sahihi ya Mzazi/Mlezi _____
Signature of Parent/Guardian

Tarehe _____
Date



Swahili - Asthma History Historia ya Pumu

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Jaza TU ikiwa mwanafunzi ana pumu au historia ya pumu na urejeshe fomu kwa muuguzi wa shule.

Complete ONLY if student has asthma or history of asthma and return form to the school nurse.

Mwanafunzi: _____ Nambari ya mwanafunzi: _____ Daraja: _____ Kimo: _____ Tarehe: _____
Student Student No. Grade Height Date

Vichochezi vinvyoweza kuanza kama tukio kwa mwanafunzi huyu? (Teua zote zinazofaa)

Triggers that might start an episode for this student? (check all that apply)

- | | | | |
|---|--|---|--|
| ☐ Mba ya Wanyama
<i>Pet dander</i> | ☐ Moshi wa sigara, harufu kali
<i>Cigarette smoke, strong smells</i> | ☐ Mende
<i>Cockroaches</i> | ☐ Vidudu vya vumbi
<i>Dust mites</i> |
| ☐ Mihemko (unapokasirishwa)
<i>Emotions</i> | ☐ Zoezi
<i>Exercise</i> | ☐ Mzio wa chakula
<i>Food allergy</i> | ☐ Inakera
<i>Irritants</i> |
| ☐ Ukungu
<i>Molds</i> | ☐ Poleni
<i>Pollen</i> | ☐ Maambukizi ya kupumua
<i>Respiratory infections</i> | |
| ☐ Mabadiliko ya Halijoto
<i>Temperature Changes</i> | ☐ Nyingine _____
<i>Other</i> | | |

1. Je, mwanafunzi huyu ana maagizo ya sasa ya dawa zozote zifuatazo anazopaswa kumeza kila siku ili kudhibiti matatizo ya upumuaji? (Teua zote zinazofaa) *Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)*

- | | | | | |
|--|---------------------------------------|-------------------------------------|-----------------------------------|--|
| ☐ Hakuna / None | ☐ Advair® | ☐ Albuterol | ☐ Alvesco® | ☐ Asmanex® |
| ☐ Atrovent® | ☐ Dulera® | ☐ Pulmicort® | ☐ QVar® | ☐ Singulair® |
| ☐ Symbicort® | ☐ Theophylline | ☐ Tilade® | ☐ Xopenex® | ☐ Nyingine/ Other _____ |

2. Ni mara ngapi katika kipindi cha miaka 3 iliyopita mwanafunzi huyu alihitaji huduma ya haraka au dharura kutokana na matatizo ya upumuaji? *How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+

3. Ni mara ngapi katika kipindi cha miaka 3 iliyopita mwanafunzi huyu alilazwa hospitalini kutokana na matatizo ya upumuaji? *How many times in the last 3 years has this student been hospitalized due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6+

4. Aliwahi kupelekwa kwenye Sadaruki (ICU) kw matatizo ya upumuaji? Ndiyo/Yes ☐ Hapana/No ☐ Tarehe/Date: _____
Previous admission to Intensive Care Unit (ICU) for respiratory problems?

5. Ni siku ngapi za shule ambazo mwanafunzi huyu alikosa mwaka wa shule uliopita kutokana na matatizo ya upumuaji? *How many days of school did this student miss last school year due to respiratory problems?*

- ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10+

6. Ni misimu gani ya mwaka hufanya dalili za pumu za mwanafunzi huyu kuwa mbaya zaidi? (teua zote zinazofaa) *What seasons of the year make this student's asthma symptoms worse? (check all that apply)*

- | | | | | |
|---|--|--|--|--|
| ☐ Misimu haiathiri pumu
<i>Seasons do not affect asthma</i> | ☐ Vuli
<i>Autumn</i> | ☐ Baridi
<i>Winter</i> | ☐ Spring
<i>Spring</i> | ☐ Kiangazi
<i>Summer</i> |
|---|--|--|--|--|

7. Je, mwanafunzi huyu anatambua ishara zake za mapema za pumu inayozidi kuwa mbaya? Ndiyo/Yes ☐ Hapana/No ☐ *Does this student recognize his/her early signs of worsening asthma?*

8. Takriban ni mara ngapi kwa mwaka mwanafunzi huyu anahitaji matumizi ya dawa ya usaidizi wa haraka, Albuterol (ProAir®, Proventil® au Ventolin®) au Xopenex®, ili kupunguza matatizo ya kupumua? *Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems.*

- | | | | |
|--|---|---|---|
| ☐ Siku 5 au chache zaidi kwa MWAKA
<i>5 or fewer days per YEAR</i> | ☐ Siku 5 au chache zaidi kwa MWEZI
<i>5 or fewer days per MONTH</i> | ☐ Siku 2 au chache kwa WIKI
<i>2 or fewer days per WEEK</i> | ☐ Zaidi ya siku 2 kwa WIKI
<i>More than 2 days per WEEK</i> |
|--|---|---|---|

9. Je, mwanafunzi huyu hutumia zaidi ya mikebe 3 ya dawa za usaidizi wa haraka kwa mwaka? Ndiyo/Yes ☐ Hapana/No ☐ *Does this student use more than 3 canisters of quick relief medicine per year?*

10. Ni mara ngapi katika mwaka jana mwanafunzi aliagizwa steroid ya kimfumo (km. Prednisone, Pediapred®, Orapred®, Medrol®) kwa ajili ya matibabu ya mwako wa kupumua? *How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Pediapred®, Orapred®, Medrol®) for treatment of a respiratory flare up?*
- ☐ 0-1 ☐ 2-3 ☐ 4-5 ☐ 6 +
11. Ni mara ngapi mwanafunzi huyu huamka wakati wa usiku akiwa na shida ya kukohoa, kupumua au kupumua? *How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?*
- ☐ Mara 0-1 kwa mwezi
0-1 times per month ☐ Mara 2 kwa mwezi
2 times per month ☐ Mara 3-5 kwa mwezi
3-7 times per month ☐ Mara 6 au zaidi kwa mwezi
More than 6 times per month

Mpango wa dawa kwa shule (angalia yote yanayotumika)
Medication plan for school (check all that apply)

- | | | |
|---|---|---|
| ☐ Hakuna dawa shuleni / habebi kivita pumzi.
<i>No medications at school/does not carry inhaler.</i> | ☐ Kivuta pumzi cha naufuu ya haraka kuwekwa kwenye ofisi ya muuguzi. <i>Quick-relief inhaler to be kept in nurse's office.</i> | ☐ FEV1 au vifaa vya ufuatiliaji wa Peak Flow vinawekwa katika ofisi ya muuguzi. <i>FEV1 or Peak Flow monitoring supplies to be kept in nurse's office.</i> |
| ☐ Kivuta pumzi cha michezo shughuli nje ya darasa pekee. <i>Inhaler for sports/extra-curricular only.</i> | ☐ Dawa za pumu ya kila siku kuwekwa katika ofisi ya muuguzi. <i>Daily asthma medications to be kept in nurse's office.</i> | |
| ☐ Mwanafunzi atabeba kipuliziaji cha haraka wakati wa saa za shule
(Wanafunzi wa Shule ya Upili na Upili PEKEE) <i>Student will carry quick-relief inhaler during school hours (Middle and Senior High School students ONLY)</i> | ☐ Mrija wa nebulizer na dawa kuwekwa katika ofisi ya muuguzi. <i>Nebulizer tubing and medications to be kept nurse's office.</i> | |

Wauguzi wa Shule za Umma za Columbia wanapendekeza kuwa na Asthma Action Plan kwa wanafunzi wote wenye pumu. Lazima wanafunzi ambao watakuwa wakipokea dawa za pumu kwenye shule wawe na mpango wa hatua ya pumu kwenye faili. Fomu inapatikana kwa muuguzi wa shule. Ikiwa tayari mtoa huduma wako ameunda mpango wa pumu, tafadhali wasilisha nakala kwa muuguzi wa shule.

de la escuela. *Columbia Public School's nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.*

*** Tafadhali fahamu: Ikiwa mtoto wako hajatumia dawa ya pumu kwa zaidi ya miaka 3 na hatimizi tena vigezo vya pumu ya kuendelea, rekodi ya afya inaweza kubadilishwa ili kuakisi 'historia ya pumu'. Kwa maswali, tafadhali wasiliana na muuguzi wako wa shule.

***Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect 'history of asthma'. For questions, please contact your school nurse.