

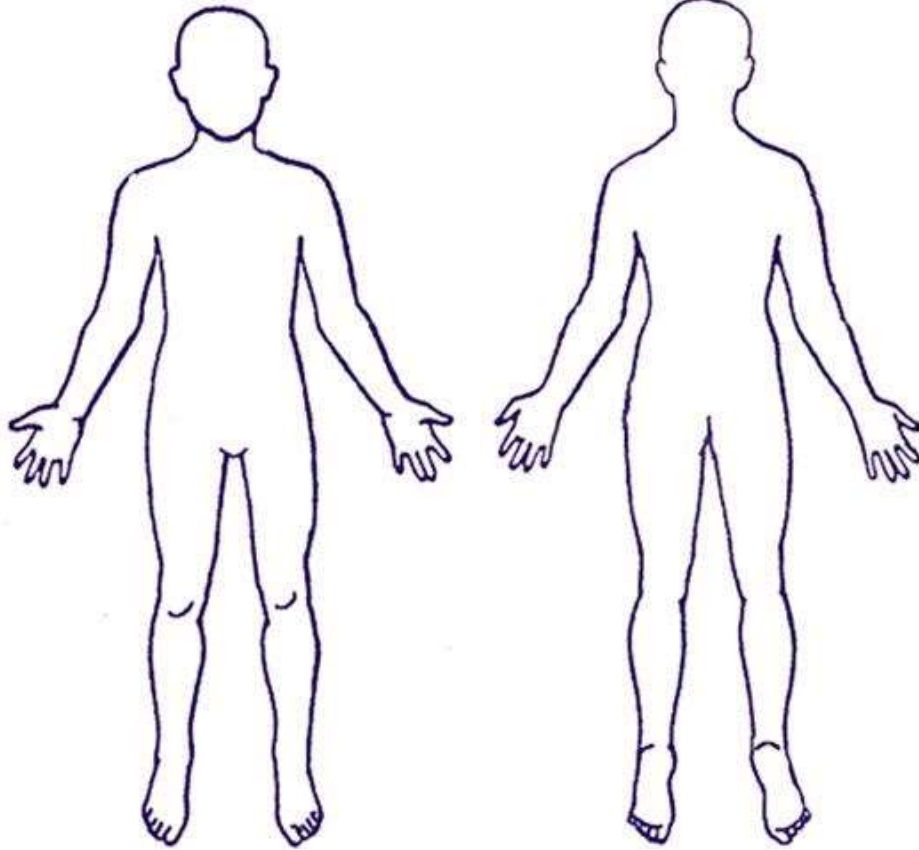
English	Somali
<p>Patient Questionnaire for newly arrived migrants in the UK: Children and Young People</p>	<p>Xog-ururinta Bukaanka ee muhaajiriinta dhawaan yimid Boqortooyada Ingiriiska: Caruurta iyo Dadka Dhallinyarada ah</p>
<p>Everyone has a right to register with a GP. You do not need proof of address, immigration status, ID or an NHS number to register with a GP</p> <p>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.</p> <p>Competent young people aged under 18 may complete the adult version for themselves.</p> <p>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.</p> <p>Return your answers to your GP practice.</p>	<p>Qofkastaababa wuxuu xaq u leeyahay inuu iska diwaangaliyo GP. Uma baahnid cadayn ah halka aad dagantay, xaaladada muhaajirnimo, aqoonsigaaga ama lamberka NHS kaaga si aad iskaga diwaan galiso GP</p> <p>Xog-ururintani waxa loogu talagalay in lagusoo ururiyo macluumaadka khuseeya caafimaadka caruurta si xirfadlayaasha caafimaadka ee farsamada GP u fahmi karaan nooca caawimada, daaweynta iyo adeegyada takhasus ay u baahan karaan iyadoo la raacayo siyaasadaha asturnaanta iyo wadaagitaanka xogta ee Adeega Caafimaadka Qaranka.</p> <p>Dadka dhallinyarada ee awooda da'dana ka yar 18 ayaa dhammeystiri kara qeybta dadka waaweyn.</p> <p>GP kaagu ma faafin doono wax macluumaad aad u bixisay ujeedooyin aan ka ahayn daryeelkaaga tooska ah ilaa: aad ogolaatay (sida, in lagu taageero cilmi-baadhis caafimaad); ama uu sharciga uga baahan yahay sdiiaasi (sida in lagaga ilaaliyo dadka halis daran); ama sababtu tahay inay jirto daneyn dadweyne (sida inaad ka cabanaysid xanuunada la isqaadsiin karo). Macluumaad dheeriya oo khuseeya sida GP kaagu u isticmaali doono macluumaadka ayaa laga helayaa xeerkaaga GP.</p> <p>Kusoo celi jawaabahaaga xeerkaaga GP.</p>

Person completing	Qofka dhammeystiraya
Who is completing this form: <input type="checkbox"/> Child's Parent <input type="checkbox"/> Child's legal guardian/carer	Yaa dhammeystiraya foomkan: <input type="checkbox"/> Waalidka ilmaha <input type="checkbox"/> Masuulka sharci/daryeelaha ilmaha
Section one: Personal details	Qeybta koobaad: Xogta shakhsiga
Child's full name:	Magaca ilmaha oo dhammeystiran:
Child's date of birth: Date _____ Month _____ Year _____	Taariikhda dhalashada ee ilmaha: Taariikhda _____ Bisha _____ Sanadka _____
Child's address:	Ciwaanka ilmaha:
Mother's name:	Magaca hooyada:
Father's name:	Magaca aabaha:
Contact telephone number(s):	Taleefanka lagala xidhiidhayo:
Email address:	Ciwaanka iimaylka:
Please tick all the answer boxes that apply to your child.	Fadlan calaamadi dhammaan jawaabaha sanduuqa ee khuseeya ilmahaaga

<p>1.1 Which of the following best describes your child:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>1.1 Kuwee ayaad si fiican u sharxaaya ilmahaaga:</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> Dhedig</p> <p><input type="checkbox"/> Waxkale</p> <p><input type="checkbox"/> Ma rabo inaan sheego</p>
<p>1.2 Religion:</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Other religion</p> <p><input type="checkbox"/> No religion</p>	<p>1.2 Diinta:</p> <p><input type="checkbox"/> Buudhisti</p> <p><input type="checkbox"/> Kiristiyaan</p> <p><input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Yuhuud</p> <p><input type="checkbox"/> Muslim ah</p> <p><input type="checkbox"/> Sikh ah</p> <p><input type="checkbox"/> Diin kale</p> <p><input type="checkbox"/> Bilaa diin</p>
<p>1.3 Main spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p>	<p>1.3 Luuqada koobaad ee lagu hadlo:</p> <p><input type="checkbox"/> Albaaniyaan</p> <p><input type="checkbox"/> Carabi</p> <p><input type="checkbox"/> Daari</p> <p><input type="checkbox"/> Ingiriisi</p> <p><input type="checkbox"/> Beershiyaan</p> <p><input type="checkbox"/> Waxkale</p> <p><input type="checkbox"/> Ruush</p> <p><input type="checkbox"/> Tigrinyaa</p> <p><input type="checkbox"/> Ukreyniyaan</p> <p><input type="checkbox"/> Urduu</p> <p><input type="checkbox"/> Fiyadnaamiis</p>
<p>1.4 Second spoken language:</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Dari</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Persian</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Tigrinya</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> None</p>	<p>1.4 Luuuqada labaad ee hadalka:</p> <p><input type="checkbox"/> Albaaniyaan</p> <p><input type="checkbox"/> Carabi</p> <p><input type="checkbox"/> Daari</p> <p><input type="checkbox"/> Ingiriisi</p> <p><input type="checkbox"/> Beershiyaan</p> <p><input type="checkbox"/> Waxkale</p> <p><input type="checkbox"/> Ruush</p> <p><input type="checkbox"/> Tigrinyaa</p> <p><input type="checkbox"/> Ukreyniyaan</p> <p><input type="checkbox"/> Urduu</p> <p><input type="checkbox"/> Fiyadnaamiis</p> <p><input type="checkbox"/> Midnaba</p>
<p>1.5 Does your child need an interpreter?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>1.5 Miyaa ilmahaagu u baahan yahay turjumaan?</p> <p><input type="checkbox"/> Haa</p> <p><input type="checkbox"/> Maya</p>
<p>1.6 Does your child need sign language support?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>1.6 Miyaa ilmahaagu u baahan yahay caawimada luuqada naafada maqalka?</p> <p><input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Haa</p>
<p>1.7 Who lives in the same household as your child now in the UK?</p> <p><input type="checkbox"/> Mother</p>	<p>1.7 Yaa kula nool isla guri ilmahaaga imika jooga Boqortooyada Ingiriiska?</p> <p><input type="checkbox"/> Hooyo</p>

<input type="checkbox"/> Father <input type="checkbox"/> Brother(s) How many? _____ What age(s)? _____ <input type="checkbox"/> Sister(s) <input type="checkbox"/> How many? _____ <input type="checkbox"/> What age(s)? _____ <input type="checkbox"/> Other <input type="checkbox"/> How many? _____	<input type="checkbox"/> Aabe <input type="checkbox"/> Walaalo Imisa? _____ Waa da'dee? _____ <input type="checkbox"/> Hablaha-walaalaha <input type="checkbox"/> Imisa? _____ <input type="checkbox"/> Waa da'dee? _____ <input type="checkbox"/> Waxkale <input type="checkbox"/> Imisa? _____
<p>1.8 Does your child attend nursery or school?</p> <input type="checkbox"/> No <input type="checkbox"/> My child is under 2 years of age <input type="checkbox"/> We have applied for a place but have not yet been allocated a nursery/school <input type="checkbox"/> I would like information on where I can get support to apply for a nursery or school place <input type="checkbox"/> Yes – <i>please give name of nursery or school</i> _____	<p>1.8Miyaa ilmahaagu ku jiraa barbaarinta ama dugsi?</p> <input type="checkbox"/> Maya <input type="checkbox"/> Ilmahaygu wuxuu ka yar yahay 2 sano da'da <input type="checkbox"/> Waxaanu sameynay meelayn laakiin wali lanooma goondeyn barbaarin/dugsi <input type="checkbox"/> Waxaan jeclaan lahaa macluumaadka khuseeya halka aan ka heli karo caawimada sida loo codsado barbaarin ama meel dugsi <input type="checkbox"/> Haa – <i>fadlan magac u bixi barbaarinta ama dugsi</i> _____
<p>Section two: Health questions</p>	<p>Qeybta labaad: Su'aalaha caafimaadka</p>
<p>2.1 Do you have any concerns about your child?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.1Miyaad ka qabtaa wax walaac ah ilmahaaga?</p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>2.2 Is your child currently unwell or ill?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.2Miyaa ilmahaagu xanuusanayaa ama bukaa?</p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>2.3 Does your child need an urgent help for a health problem?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>2.3Miyaa ilmahaagu u baahan yahay caawimo degdega oo dhibaato caafimaada?</p> <input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>2.4 Does your child currently have any of the following symptoms? Please tick all that apply</p>	<p>2.4Miyaa ilmahaagu leeyahay hadda mid ka mida astaamahan soo socda? Fadlan calaamadi dhammaan inta khusaysa</p>

<input type="checkbox"/> Weight loss <input type="checkbox"/> Cough <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Night sweats <input type="checkbox"/> Extreme tiredness <input type="checkbox"/> Breathing problems <input type="checkbox"/> Fevers <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Constipation <input type="checkbox"/> Skin complaints or rashes <input type="checkbox"/> Blood in their urine <input type="checkbox"/> Blood in their stool <input type="checkbox"/> Headache <input type="checkbox"/> Pain <input type="checkbox"/> Low mood <input type="checkbox"/> Anxiety <input type="checkbox"/> Distressing flashbacks or nightmares <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Feeling that they want to harm themselves or give up on life <input type="checkbox"/> Other	<input type="checkbox"/> Miisaan hoos-udhacay <input type="checkbox"/> Qufac <input type="checkbox"/> Qufaca dhiig leh <input type="checkbox"/> Dhidid habeenkii ah <input type="checkbox"/> Daal xad-dhaaf ah <input type="checkbox"/> Caqabado neef-sasho <input type="checkbox"/> Xumad <input type="checkbox"/> Shuban <input type="checkbox"/> Calool istaag <input type="checkbox"/> Cuncun ama finan maqaarka ah <input type="checkbox"/> Dhiiga ku jira kaadidiisa <input type="checkbox"/> Dhiiga ku jira saxaradiisa <input type="checkbox"/> Madax-xanuun <input type="checkbox"/> Xanuun <input type="checkbox"/> Shucuur hoosaysa <input type="checkbox"/> Warwar <input type="checkbox"/> Sas ama argagax xun <input type="checkbox"/> Hurdo la'aan <input type="checkbox"/> Inuu dareemo inuu rabo inuu waxyeelo naftiisa ama ka quusto nololsha <input type="checkbox"/> Waxkale
<p>2.5 Please mark on the body image the area(s) where they are experiencing their current health problem(s)</p>	<p>2.5 Fadlan ku calaamadi sawirka jidhkiisa qeybta uu ka dareemayo dhibaatooyinkiisa caafimaad ee hadda</p>



<p>2.6 Was your child born prematurely (delivered early – before 37 weeks/8.5 months of pregnancy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.6 Miyuu ilmahaagu ku dhashay mudo sidka kahoreysa (dhalashada hore – kahor 37 todobaad/8.5 bilood uur ah)?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.7 Did your child have any health problems soon after delivery e.g. breathing problems, infection, brain injury?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.7 Miyaa ilmahaagu lahaa dhibaatooyin caafimaad kadib dhalashada sida dhibaatooyin neefsasho, caabuq, dhaawac maskaxeed?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.8 New babies only (up to 3 months old): Has your child had a 6-8 week post delivery health check by a GP (doctor)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.8 Caruurta sabiga oo kaliya (ilaa 3 bilood jirka): Miyaa ilmahaagu maray baadhista caafimaad ee kadib dhalashada 6-8 todobaad ee GP (dhakhtarka)?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.9 Does your child have any known health problems?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.9 Miyaa ilmahaagu leeyahay wax dhibaatooyin caafimaad oo la ayqaan?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>

<p>2.10 Does your child have any of the following? Please tick all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Blood disorder <ul style="list-style-type: none"> <input type="checkbox"/> Sickle cell anaemia <input type="checkbox"/> Thalassaemia <input type="checkbox"/> Cancer <input type="checkbox"/> Dental problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eye problems <input type="checkbox"/> Ears, nose or throat <input type="checkbox"/> Heart problems <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HIV <input type="checkbox"/> Kidney problems <input type="checkbox"/> Liver problems <input type="checkbox"/> Mental health problems <ul style="list-style-type: none"> <input type="checkbox"/> Low mood/depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Post-traumatic stress disorder (PTSD) <input type="checkbox"/> Previously self-harmed <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other <input type="checkbox"/> Skin disease <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other 	<p>2.10Miyaa ilmahaagu leeyahay mid ka mida kuwan soo socda? Fadlan calaamadi dhammaan inta khusaysa</p> <ul style="list-style-type: none"> <input type="checkbox"/> Xiiq <input type="checkbox"/> Xanuun dhiiga ah <ul style="list-style-type: none"> <input type="checkbox"/> Xanuunada dhiiga-cas <input type="checkbox"/> Xanuunka-dhiig-yaraanta <input type="checkbox"/> Kansarka <input type="checkbox"/> Dhibaatooyin ilkaha <input type="checkbox"/> Macaanka <input type="checkbox"/> Suuxitaanka <input type="checkbox"/> Dhibaatooyinka indhaha <input type="checkbox"/> Dhagaha, sanko ama qoorta <input type="checkbox"/> Dhibaatooyinka wadnaha <input type="checkbox"/> Jooniska B <input type="checkbox"/> Jooniska C <input type="checkbox"/> HIV <input type="checkbox"/> Dhibaatooyinka kalyaha <input type="checkbox"/> Dhibaatooyinka beerka <input type="checkbox"/> Dhibaatooyinka caafimaadka maskaxda <ul style="list-style-type: none"> <input type="checkbox"/> Shucuur-hooseyn/niyadjab <input type="checkbox"/> Warwar <input type="checkbox"/> Xanuunka walaaca argagax kadib (PTSD) <input type="checkbox"/> Iswaxyeelayn hore <input type="checkbox"/> Iskuday isdil <input type="checkbox"/> Waxkale <input type="checkbox"/> Cudurada maqaarka <input type="checkbox"/> Cudurada cunaha <input type="checkbox"/> Qaaxada (TB) <input type="checkbox"/> Waxkale
<p>2.11 Has your child ever had any operations / surgery?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes 	<p>2.11Miyaa ilmahaaguu waligii maray qaliino / qaliin?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>2.12 Does your child have any physical injuries due to war, conflict or torture?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes 	<p>2.12Miyaa ilmahaagu leeyahay dhaawacyo jidheed oo ay sababeen dagaalo, khilaaf ama jidh dil?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maya <input type="checkbox"/> Haa
<p>2.13 Does your child have any mental health problems? These could be from war, conflict, torture or being forced to flee your country?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes 	<p>2.13Miyaa ilmahaagu leeyahay dhibaatooyin caafimaadka maskaxda ah? Tani waxay ka iman kartaa dagaal, khilaaf, jidhdil ama in lagugu khasbay inaad ka qaxdid dalkaaga?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maya <input type="checkbox"/> Haa

<p>2.14 Does your child have any physical disabilities or mobility difficulties?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.14Miyaa ilmahaagu leeyahay naafo jidhka ama caqabado socodka ah?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.15 Does your child have any sensory impairments? Please tick all that apply</p> <p><input type="checkbox"/> No <input type="checkbox"/> Blindness <input type="checkbox"/> Partial sight loss <input type="checkbox"/> Full hearing loss <input type="checkbox"/> Partial hearing loss <input type="checkbox"/> Smell and/or taste problems</p>	<p>2.15Miyaa ilmahaagu leeyahay naafo araga? Fadlan calaamadi dhammaan inta khusaysa</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Indho la'aan <input type="checkbox"/> Waayida qeyb ka mida araga <input type="checkbox"/> Waayida dhammaan maqalka <input type="checkbox"/> Waayida kaqeyb ka mida maqalka <input type="checkbox"/> Urta iyo/ama caqabado dhadhanka ah</p>
<p>2.16 Do you think your child has any learning difficulties or behaviour problems?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.16Miyaad u maleynaysaa in ilmahaagu leeyahayc caqabado waxbarasho ama dhibaatooyin hab-dhaqan?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.17 Do you have any concerns about your child's growth e.g. their weight/height?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>1.17Miyaad ka qabtaa walaacyo koritaanka ilmahaaga sida miisaankiisa/dhererka?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.18 Babies only: Is you child experiencing any feeding problems e.g. vomiting, reflux, refusing milk?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.18Caruurta yaryar oo kaliya: Miyaa ilmahaagu waajahayaa dhibaatooyin cunto sida matag, saxasho, diidmo caano?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>
<p>2.19 Has a member of your child's immediate family (father, mother, siblings, and grandparents) had or suffered from any of the following?</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Depression/Mental health illness <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart attack <input type="checkbox"/> Hepatitis B <input type="checkbox"/> High blood pressure <input type="checkbox"/> HIV <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Stroke</p>	<p>2.19Miyaa xubin ka tirsan qoyska dhow ee ilmahaaga (aabe, hooyo, walaalo, iyo waalidiintood) lahaa ama ka cowday mid ka mida kuwan soo socda?</p> <p><input type="checkbox"/> Xiiq <input type="checkbox"/> Kansarka <input type="checkbox"/> Niyadjab/Xanuun caafimaadka maskaxda ah <input type="checkbox"/> Macaanka <input type="checkbox"/> Wadne xanuun <input type="checkbox"/> Jooniska B <input type="checkbox"/> Dhiig-karka <input type="checkbox"/> HIV <input type="checkbox"/> Caqabadaha waxbarasho</p>

<input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Other	<input type="checkbox"/> Faaluga <input type="checkbox"/> Qaaxada (TB) <input type="checkbox"/> Waxkale								
<p>2.20 Is your child on any prescribed medicines?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes –<i>please list your child’s prescribed medicines and doses in the box below</i></p> <p>Please bring any prescriptions or medicines to your child’s appointment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Name</th> <th style="width: 50%; padding: 2px;">Dose</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	Name	Dose			<p>2.20Miyaa ilmahaagu qaataa daawooyin loo qoray?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa –<i>fadlan ku tax daawooyinka ilmahaag loo qoray iyo xadiga sanduuqa hoose.</i></p> <p>Fadlan usoo qaad wixii qoritaan ama daawooyinka ballanta ilmahaaga</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Magaca</th> <th style="width: 50%; padding: 2px;">Xadiga</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> </tr> </tbody> </table>	Magaca	Xadiga		
Name	Dose								
Magaca	Xadiga								
<p>2.21 Are you worried about running out of any these medicines in the next few weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.21Miyaad ka warwaraysaa inay kaa dhammaadaan daawooyinkan qaar ka mida todobaadada soo socda?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>								
<p>2.22 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?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes –<i>please list medicines and doses in the box below</i></p> <p>Please bring any medicines to your child’s appointment</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Name</th> <th style="width: 50%; padding: 2px;">Dose</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Name	Dose			<p>2.22Miyuu ilmahaagu qaataa wax daawooyin ah oo aanu u qorin xirfadle caafimaad sida daawooyinka aad ka iibsatay farmasi/dukaan/intarnadka ama dibada lagaaga keenay?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa –<i>fadlan ku tax liiska daawooyinka iyo xadiga sanduuqa hoose</i></p> <p>Fadlan usoo qaad wixii daawooyinka ballanta ilmahaaga</p>				
Name	Dose								

		<i>Magaca</i>	<i>Xadiga</i>
<p>2.23 Does your child have allergy to any medicines?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.23Miyuu ilmahaagu ku leeyahay wax xasaasiyad ah daawooyinka?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>		
<p>2.24 Does your child have allergy to anything else? (e.g. food, insect stings, latex gloves)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>2.24Miyuu ilmahaagu ku leeyahay wax xasaasiyad ah shay kale? (sida cuntada, cayayaanka, golofisyada)?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa</p>		
<p>Section three: Vaccinations</p>	<p>Qeybta saddexaad: Tallaalka</p>		
<p>3.1 Has your child had all the childhood vaccinations offered in their country of origin for their age?</p> <p><i>If you have a record of your vaccination history, please bring this to your appointment.</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know</p>	<p>3.1Miyaa ilmahaagu qaatay tallaaladii caruurnimo ee laga bixiyey dalka asal ahaan uu kasoo jeedo?</p> <p><i>Haddii aad haysid diwaanka taariikhda tallaalka, fadlan usoo qaad tani ballantaada.</i></p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Ma garanaayo</p>		
<p>3.2 Has your child been vaccinated against Tuberculosis (TB)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know</p>	<p>3.2Miyaa ilmahaaga laga tallaalay Qaaxo (TB)?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Ma garanaayo</p>		
<p>3.3 Has your child been vaccinated against COVID-19?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 dose</p>	<p>3.3Miyaa ilmahaaga laga tallaalay COVID-19?</p> <p><input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> 1 irbad</p>		

<input type="checkbox"/> 2 doses <input type="checkbox"/> 3 doses <input type="checkbox"/> More than 3 doses <input type="checkbox"/> I don't know	<input type="checkbox"/> 2 irbadood <input type="checkbox"/> 3 irbadood <input type="checkbox"/> Inka badan 3 irbadood <input type="checkbox"/> Ma garanaayo
<p>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</p>	<p>Haddii uu jiro wax la xidhiidha ilmahaaga oo aanad ku dareemin nafis inaad nagula wadaagtid foomkan oo aad jeclaan lahay inaad kala hadashid dhakhtarka, fadlan wac GP kaaga oo qabso ballan</p>