TICHFA AFRICA INC.

RIDHAA YA HUDUMA NA FARAGHA / SERVICES & PRIVACY CONSENT

Fomu ya Kiswahili / Swahili-language form • CONFIDENTIAL

1. TAARIFA / DETAILS

Jina la mtoto / Child name

_____

Tarehe ya kuzaliwa / Date of birth

_____

Jina na uhusiano wa mzazi/mlezi / Guardian name and relationship

_____

Simu / Phone

_____

2. RIDHAA YA HUDUMA / SERVICES CONSENT

Ninaomba TICHFA inisaidie kwa uratibu wa rufaa, mawasiliano na hospitali, uelekezaji wa msaada unaopatikana na mipango ya safari, kulingana na uwezo wake. / I request non-emergency referral, hospital coordination, potential assistance navigation and travel planning, subject to availability.

Ninaelewa kuwa TICHFA haitoi uchunguzi, upasuaji au huduma za dharura kupitia fomu hii. / TICHFA does not diagnose, operate, or provide emergency care through this form.

3. TAARIFA ZA FARAGHA / PRIVACY

Nimepewa au nimeelekezwa kupata taarifa ya faragha, ikiwa inatumika. / I have been offered or directed to the applicable privacy notice.

_____

Ninaelewa kuwa idhini maalum ya kutoa rekodi za matibabu na idhini ya kuchapisha picha/hadithi ni fomu tofauti. / Medical-record release and photo/story publication require separate authorization.

Kukataa idhini ya kuchapisha picha hakutaathiri maombi ya huduma. / Declining publicity consent will not affect service requests.

_____

4. SAINI / SIGNATURE

Jina la mzazi/mlezi / Guardian name

_____

Saini / Signature

_____

Tarehe / Date

_____

Mfanyakazi aliyepokea / Received by

_____

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Rasimu: lazima ikaguliwe na mtaalamu wa lugha na sheria kabla ya kutumiwa. / Draft: qualified review required.