TICHFA AFRICA INC.

FOMU YA USAJILI WA MTOTO / CHILD PATIENT REGISTRATION

Fomu ya Kiswahili / Swahili-language form • CONFIDENTIAL

1. TAARIFA ZA MTOTO / PATIENT INFORMATION

Jina kamili la mtoto / Full legal name

_____

Tarehe ya kuzaliwa / Date of birth

_____

Jinsia (hiari) / Sex (optional)

_____

Uraia / Nationality

_____

Nchi na anwani ya makazi / Country and home address

_____

Lugha anayopendelea / Preferred language

_____

Nambari ya kumbukumbu ya maombi (kwa ofisi) / Application ID

_____

2. MZAZI AU MLEZI HALALI / PARENT OR LEGAL GUARDIAN

Jina kamili / Full name

_____

Uhusiano na mtoto / Relationship

_____

Simu na WhatsApp / Phone and WhatsApp

_____

Barua pepe / Email

_____

Anwani / Address

_____

Hati ya kuthibitisha ulezi ikiwa inahitajika / Guardianship documentation if needed

_____

3. NDUGU WA KARIBU NA DHARURA / NEXT OF KIN

Jina la mtu wa kwanza na uhusiano / Primary contact and relationship

_____

Simu na nchi / Phone and country

_____

Jina la mtu wa pili na uhusiano / Alternate contact and relationship

_____

Simu ya mtu wa pili / Alternate phone

_____

4. HATI ZA SAFARI / TRAVEL DOCUMENTS

Pasipoti ya mtoto: nambari / Child passport number

_____

Nchi iliyotoa, tarehe ya kutolewa na ya mwisho / Issuing country, issue and expiry dates

_____

Visa: aina, nambari, tarehe ya mwisho (ikiwa ipo) / Visa type, number, expiry

_____

Mzazi/mlezi msafiri: jina, pasipoti, tarehe ya mwisho / Accompanying adult passport and expiry

_____

Mahali pa safari inayopendekezwa / Proposed destination

_____

Hali ya maombi ya visa / Visa application status

_____

5. HISTORIA YA MATIBABU / MEDICAL HISTORY

Utambuzi wa ugonjwa wa moyo (ikiwa unajulikana) / Heart diagnosis

_____

Dalili na tarehe zilipoanza / Symptoms and onset

_____

Matibabu au upasuaji wa awali / Prior treatment or surgery

_____

Magonjwa mengine na kulazwa hospitalini / Other conditions and hospitalizations

_____

Dawa za sasa na vipimo / Current medications and doses

_____

Mzio (allergies) / Allergies

_____

Daktari na hospitali inayomhudumia / Treating clinician and hospital

_____

Tarehe ya uchunguzi wa mwisho / Last clinical assessment

_____

6. REKODI ZA MATIBABU / MEDICAL RECORDS

[ ] Barua ya rufaa / Referral letter

[ ] Echocardiogram / Echo report

[ ] ECG / Electrocardiogram

[ ] Vipimo vya damu / Lab results

[ ] Picha za uchunguzi / Imaging reports

[ ] Muhtasari wa kutoka hospitalini / Discharge summary

[ ] Orodha ya dawa / Medication list

[ ] Nyingine (eleza) / Other

7. HUDUMA INAYOOMBWA / REQUESTED SUPPORT

[ ] Rufaa ya daktari bingwa / Specialist referral

[ ] Tathmini ya upasuaji / Surgical evaluation

[ ] Msaada wa fedha / Financial assistance

[ ] Ushauri wa visa na safari / Visa and travel guidance

[ ] Usaidizi wa familia / Family support

Hospitali/nchi inayopendekezwa (ikiwa ipo) / Preferred hospital/country

_____

Bima, makadirio ya gharama na fedha zilizopo / Insurance, estimated costs, existing funding

_____

8. TAMKO NA SAINI / DECLARATION

Nathibitisha kuwa taarifa nilizotoa ni sahihi kadiri ya ufahamu wangu. Kuwasilisha fomu hakuhakikishi ufadhili, safari, au matibabu. / I confirm the information is accurate to my knowledge. Applying does not guarantee funding, travel, or treatment.

Jina la mzazi/mlezi / Parent or guardian name

_____

Saini / Signature

_____

Tarehe / Date

_____

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