

Howard County ngandamnak bu Sianginn-hmun ngandamnak tuah dingmi hmunlai Si lei le innchungkhar kong he pehtleih mi biahalnak

| | |
|----------------|-------------------|
| Hngakchia Min: | Tu ni ni le thla: |
|----------------|-------------------|

Inchungkhar ngandamnak theihternak
Hngakchia i a chungkhar (hringtu nu le pa, u le nau, pi le pu) nih a tang lei zawtnak an ngei bal maw?

| Ngandam lonak harnak | Ngei | NgeiLo | Zei Innchungkhar chungtel |
|-------------------------------------------------------|------|--------|---------------------------|
| Khuhhrin zawtnak | | | |
| zun thlum zawtnak | | | |
| HIV asiloah AIDS zawtnak | | | |
| Lungthin lei zawtnak/ lunthin lei peh in thlop harnak | | | |
| thisen thalo zawtnak | | | |
| TB zawtnak | | | |
| Adang: | | | |

pum he aa keih lo mi (si he tel in tial dih)

Aho dah hi sianghgakchia i a sibawi si?

Min: _____ Zung Telifawn numar: () - _____

Umnak inn hmun leihsa: _____

Zeitik dah na fa pumsa ngandamnak hneksaknak a sibawi he hnu bik ai zoh?

_____ Ni le thla

Zangfahnak in na si cawknak hmun pharmacy a min le a telifawn numar ttial tuah.

Amin: _____ Telifawn numar: () - _____

Hngakchia ngandamnak theihternak

Zaangfahnak in na fa nih a ngeih mi zawt nak poah ah hmelchunhnak tuah

| | | | |
|--------------------------------------------|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Khuhhrin zawtnak | <input type="checkbox"/> I hliphlau ngainak bau in ningcang lo | <input type="checkbox"/> thi chuah zawtnak | <input type="checkbox"/> lungthin nuam loin um zawtnak |
| <input type="checkbox"/> Zun thlum zawtnak | <input type="checkbox"/> Hnakhaw pornak (atu le atu) | <input type="checkbox"/> tluk/hnuhdawh zawtnak | <input type="checkbox"/> lufah zawtnak (atu le atu) |
| <input type="checkbox"/> Hna lei zawtnak | <input type="checkbox"/> lung thin zawtnak | <input type="checkbox"/> ruh fah zawtnak | <input type="checkbox"/> thisen thalo zawtnak |
| <input type="checkbox"/> TB zawtnak | <input type="checkbox"/> mit lei zawtnak | <input type="checkbox"/> a dang zawtnak: | _____ |

Na fa sizung a kai bal a si ah cun zangfahnak in sizung a kai ni le thla le a ruang rak tial:

zaangfahnak in na fa nih a din mi si pawl, sibawi nih hi si hi na din lai tiah pekmi le mah ten si zuarnak ah cawk mi cazin van ttial: _____