



Queensland Government

**Healthy Hearing Program  
Ukwemera**

Facility: .....

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**A. Gupima ko umwana yumva**

Ndatahura ko inzoya zose zikivuka zikwiye gupimwa kugira barabe ko atangorane zo kwumva zifise.

URN:

Family name:

Given name(s):

Address:

Date of birth:

**B. Hoba hari ho ingaruka?**

Ndatahura ko ata ngaruka zizwi zo gukomereka uruyoya rushobora kugira iyo bariko bararupima, mugabo:

- Ni gake igipimo co kwumva cerekana ko uruyoya rudafise ingorane yo kwumva mu gihe mu vyukuri ruyifise.
- Ingorane yo kwumva irashobora gufata umwana mu nyuma. Nico gituma abavyeyi bakwiye kuguma bakurikiranira hagufi ukwumva kw'uruyoya rwabo.

Ndatahura ko niyo ntatanga uruhusha kugira umwana wanje bamupime, birashobora guteba kumenya ko afise ingorane yo kwumva. Iyo ingorane yo kwumva imenyekanye iteye, birashobora gutuma umwana ateba kumenya kuvuza.

**C. Kwemera canke kwanka kw'umuvyeyi**

**Ndemeye ko:**

- Nasomye canke nasiguriwe uru rwandiko-"Gupima ko umwana wawe yumva", kandi ..... nasiguriwe na Healthy Hearing Program (Umugambi wo Kubungabunga Amagara meza y'Amatwi) (Izina ry'umukozi w'ibitaro) yo muri Queensland.
- Nashoboye kubaza ibibazo nderekana n'amakenga mfise ku kuntu icyo gipimo gikorwa hamwe n'ingaruka zaco. Ibibazo n'impungenge nari mfise vyihweje kandi nashimishijwe n'inyishu naronse.
- Ndatahura ko aho bisabwa ko umwana wanje agirirwa ibindi bipimo, abajewe ivy'amagara y'abantu nka Muganga ankurikiranira (GP), umuforoma avura abana, Umuganga yanonosoye ingwara z'abana, Umuhinga muvy'Ukwumva, Uwujeje gufasha umuryango (Family Support Facilitator) n'abakozi b'Umugambi wo Kubungabunga Amagara meza y'Amatwi bashobora kumenyeshwa ivyavuye muri icyo bipimo kandi abakozi ba Healthy Hearing Program (b'Umugambi wo Kubungabunga Amagara meza y'Amatwi) barashobora kundondera.

**Ndatahura kandi ko:**

- Ibizoba vyavuye mu bipimo bishirwa mu bubiko buzoza burafasha gukurikiranira hagufi inzoya zikeneye kugirirwa ibindi bipimo canke kubandanya zivurwa. Ubwo bubiko kandi buzofasha gukurikiranira ibikorwa vya Healthy( Hearing Program (b'Umugambi wo Kubungabunga Amagara meza y'Amatwi).
- Amakuru ava mur'ubwo bubiko arashobora kuzokoresha mu bushakashatsi mugabo amazina ntazokwigera akoreshwa mu maraporo canke mu makuru azoba yashizwe ahabona.
- Niyo isuzumwa ryo kwa muganga ryerekana ko umwana wanje adakwiye gupimwa, azoca arungikwa mu Gisata c'Ubuvinga aho bitaho ingorane zo kutumva kugira asuzumwe.

**Twisunze ivyavuzwe hejuru:**

Igipimo

Ndemeye ko umwana wanje bamupima kugira barabe ko yumva.

buza gupima

**SINEMEYE** ko umwana wanje bamupima kugira barabe koyumva.

Ndemeye ko umwana wanje arungikwa mu Gisata c'Ubuvinga bwo kuvura amatwi, atabanje kugirirwa igipimo.

**SINEMEYE** ko umwana wanje arungikwa mu Gisata c'Ubuvinga bwo kuvura amatwi, atabanje kugirirwa igipimo.

Izina ry'umuvyeyi (usabwe capura runo rupapuro):

Umukono:

Itariki:

**D. Hospital staff statement**

- I have explained to the parent the procedure and the risks.
- I have given the parent an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the parent understood the above information.

Staff member name (please print):

Signature:

Date:

**Interpreter / cultural needs**

Is an Interpreter Service required?  Yes  No

Yes  No

I have given a translation in ..... of the consent form and any verbal and written information given to the parent by the hospital staff member.

If yes, is a qualified Interpreter present?  Yes  No

Yes  No

Is a Cultural Support Person present?  Yes  No

Yes  No

Interpreter name (please print):

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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