

Ururka Ku saleysan Bulshada (CBO)

Oggolaanshaha iyo caddeynta loogu talagalay Habka Taageerada ee COVID-19

Tilmaamaha la raacayo

- CBO iyo qofka codsanaya adeegyada waa in ay buuxiyaan Qaybaha 1 iyo 2.
- Haddii qofka codsanaya adeegyadu yahay qof xiriir isku-dhawaansho/is taabasho ‘close contact’ yeesheen qof qaba COVID-19 (oo uu lix feet u jirsaday qof qaba kiis COVID-19 ah muddo 15 daqiiqo ah ama ka badan intii lagu jiray muddadaasi oo ay dhici karto in qofkaasi ahaa mid faafin kara cudurka COVID-19), buuxi Qaybta 3. Ka gudub qaybta 4.
- Haddii qofka codsanaya adeegyadu yahay qof qaba kiis COVID-19 ah, ka gudub Qaybta 3 oo buuxi Qaybta 4.

Qaybta 1. Macluumaadka Ururka Ku saleysan Bulshada (CBO)		
Magaca CBO:	Magaca shaqaalaha CBO:	
Qaybta 2: Qofka codsanaya macluumaadka adeegyada		
Magaca (hore, dhexe, dambe):	Taariikhda	Lambarka telefoonka:
Cinwaanka:		Taariikhda adeega:

Qaybta 3: Caddeynta —Xiriirka isku soo dhawaansho/ is taabasho ee lala yeesho qof qaba COVID-19

Xiriirka isku soo dhawaansho/ is taabasho 'close contact' waa qof lix feet u jirsaday qof la xaqiijiyay ama la filayo in uu qabo cudurka muddo 15 daqiiqo ah ama ka badan iyada oo ay dhici karto in qofkaasi ahaa mid faafin kara cudurka ama buuxiyay tilmaamaha caafimaadka bulshada ee loogu talagalay go'doon is gelinta. Fadlan buuxi qaybtan haddii aad aaminsan tahay in aad xiriir isku soo dhawaansho/ is taabasho 'close contact' la yeelatay qof qaba COVID-19.

Taariikhda aan lix feet u jirsaday qof qaba kiis COVID-19 ah isugeyn dhan **15 daqiiqo** or ama ka badan:

Macluumaadka kiiska COVID-19 ee la ogyahay

Fadlan buuxi macluumaadka ugu badan ee aad awoodo ee ku saabsan qofka la ogyahay in uu ku soo gaarsiiyay COVID-19.

Magaca (hore, dhexe, dambe):

Taariikhda

Lambarka telefoonka:

Cinwaanka:

Degaanka la degan

Xaqiijinta iyo caddeynta in macluumaadka kor ku qoran uu yahay mid run ah oo sax ah marka ay wataan xarfaha uu magacaagu ka bilaabmo.

(xarfaha magacu ka bilaabmo)

Qaybta 4. Caddeynta – kiiska COVID-19

Kiiska COVID-19 waa qof helay natiijada baaritaankii lagu sameeyay oo lagu ogaaday in uu qabo cudurka AMA yeeshay laba ama ka badan oo astaamo COVID-19 ah 10 maalmood ee la soo dhaafay gudahood isla markaana xiriir isku soo dhawaansho/is taabasho yeeshen qof la xaqiijiyay in uu qabo COVID-19. Fadlan buuxi qaybtan haddii aad aaminsan tahay in aad tahay qaba ama la filayo in uu qabo COVID-19. Waa dhici karta in lagaa codsado in aad xaqiijiso macluumaadkaaga baaritaanka oo wata natiijooyinkaaga.

Xaqiijinta in la iska helay cudurka – macluumaadka baaritaanka

Taariikhda aan helay baaritaanka la igaga helay COVID-19: _____

La filayo in la qabo cudurka – macluumaadka astaanta iyo soo gaarista cudurka

Taariikhda aan bilaabay in aan yeesho laba ama ka badan oo ah astaamaha soo socda: neefsasho gaaban, qufac, qandho, luminta urta ama dhadhanka (*haddii aysan jirin astaamo, qor N/A*): _____

IYO _____

Taariikhda aan lix feet u jirsaday qof qaba kiis COVID-19 ah isugeyn dhan **15 daqiiqo** or ama ka badan: _____

Xaqiijinta iyo caddeynta in macluumaadka kor ku qoran uu yahay mid run ah oo sax ah marka ay wataan xarfaha uu magacaagu ka bilaabmo.

(*xarafka magacu ka bilaabmo*)

QOFKA CODSANAYA ADEEGYADA:

Waxaan Ururka Ku saleysan Bulshada (CBO) iyo qofka shaqaalaha ee kor ku qoran u ogolaanayaa in ay arkaan sidoo kale isticmaalaan macluumaadkayga shakhsi si ay iiga caawiyaan in aan helo hab taageero oo muddo gaaban ah inta aan ku jiro go'doomintayda iyo karantiinkayga COVID-19. Waxaan CBO kor ku qoran u ogolaanayaa in uu macluumaadkayga la wadaago Maamulka Caafimaadka Dadweynaha ee Degaanka (LPHA) haddii loo baahdo. CBO iyo LPHA waxaa looga baahan yahay in ay ilaaliyaan oo macluumaad kasta oo la saxiixay ka dhigaan mid gaar ah.

Ma helin/helaayo adeegyada buuxa oo loogu talagalay is go'doominta iyo karantiinka oo uu bixinaayo urur kale.

Saxiixa

Taariikhda

For CBO administrative use:

This person has met criteria to receive wraparound services
(*check at least one*):

- Close contact:** This person has been within six feet of a known case for a total of 15 minutes during the time they would have been in isolation.
- Confirmed case:** This person has provided a positive test result.
- Presumptive case:** This person has been within six feet of a known case for a total of 15 minutes during the period they would have been in isolation AND has two or more symptoms of COVID-19.

CBO approval

Date:

Start date for services: _____

Estimated end date for services: _____

CBO denial:

Date:

Helitaanka dokumentiyada: Dadka naafada ah ama dadka hadla luqad aan ahayn Ingiriisi, OHA ayaa bixin karta macluumaad qaab kale ah sida turjumaado, far waaweyn ama farta dadka indhaha aan qabin wax ku akhriyaan ee braille. Mavel Morales kala xiriir 1-844-882-7889, 711 TTY ama OHA.ADA.Modifications@dhsosha.state.or.us .