



Australian Government

Department of Home Affairs

Health undertaking Kuwajibika Kiafya

Form
815 SWA
SWAHILI

Muhimu – Tafadhali soma maelezo haya kwa uangalifu kabla ya kukamilisha wajibu wako. Mara tu unapokamilisha wajibu wako tunashauri kwa nguvu kuwa uweke nakala kama kumbukumbu yako.

Nani anahitajika kutia sahihi kwenye waraka ya kuwajibika kiafya?

Kuwajibika kiafya yahitajika kwa waombaji ambao uchunguzi wa afya unaelekeza uwazi kwa kifua kikuu au hali za afya zinazohangaisha.

Kuwajibika kiafya ni kwa nini?

Kifua kikuu ni ugonjwa mkuu wa kuambukiza unaohangaisha watu hapa Australia. Kifua kikuu huweza kutibiwa na kusudi la kuwajibika kiafya ni kuhakikisha kuwa watu walio katika hatari kuu ya kusitawi kwa kifua kikuu kilicho kakamavu wanapokea msaada unaofuatiliwa unaofaa mara tu wanapokuwepo Australia.

Wakati wa uchunguzi wako, madaktari wetu waliridhika kuwa haukuwa na kifua kikuu kilicho kakamavu. Hata hivyo, sababu za hatari za kibinafsi zinamaanisha kuwa watu wengine wahitaji kufuatiliwa nchini Australia kuhakikisha ugonjwa hautokea.

Unaweza pia kupewa waraka wa kuwajibika kiafya kwa sababu ya hali nyingine ya afya kama vile Hepatitis B, Hepatitis C, VVU au Ukoma.

Kuwajibika kiafya ni mapatano yanayotengenezwa na Serikali ya Australia, ambayo inashurutisha wewe kuhudhuria wadhifa kwenye zahanati ya mamlaka ya afya kwa maana ya kufuatilia uchunguzi wa afya. Kwa kutia sahihi kwenye waraka wa kuwajibika kiafya unakubali pia kupitia matibabu yoyote au uchunguzi wowote ambao zahanati ya afya itaagiza.

Nifanye nini sasa?

Ikiwa utakubaliana kufuata waraka wa kuwajibika kiafya, unafaa utie sahihi fomu hii na kuirudisha kwa ofisi ya Idara ya Mambo ya Nchi (Idara) inayoshughulikia maombi yako ya viza.

Ikiwa muombaji ni mtoto chini ya miaka kumi na sita (16) basi mzazi au mlezi anafaa kutia sahihi fomu 815.

Utapewa nakala ya fomu hii. Tafadhali weka nakala kwani utahitaji wakati unapowasiliana na Huduma ya Kuwajibika Kiafya baada ya kuwasili nchini Australia.

Ikiwa nilitia maombi ng'ambo, nini hutendeka baada ya viza langu kuidhinishwa na nimewasili Australia.

Serikali ya Australia hutoa bure ukaguzi wa afya ili kupunguza hatari ya kuenea kwa kifua kikuu kwa jamii iliyokaribu, marafiki na watu waishio mahali pamoja. Ikiwa daktari anafikiria ni sharti, matibabu ya kifua kikuu yapangiliwa.

Ukumbusho: Ni kwa upendeleo wako kuufanya wadhifa upesi.

Ikiwa ulikamilisha uchunguzi wako wa afya kwa maana ya ombi hili nje ya Australia

Unapaswa kuwasiliana na Huduma ya Kuwajibika Kiafya (HUS) unapowasili nchini Australia. Lazima uwasiliane na HUS katika wiki 4 baada ya kuwasili. Kwa Habari Zaidi kuhusu jinsi ya kuwasiliana na HUS tazama:

<https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/health-undertaking>

Ikiwa ulikamilisha uchunguzi wako wa afya kwa maana ya ombi hili ndani ya Australia

Ikiwa visa yako ilitolewa nchini Australia, kwa ujumla utakuwa tayari umetumwa kwa kliniki ya afya ya Australia, hata hivyo, lazima, bado uandikishe maelezo kwa HUS ndani ya wiki 4 baada ya visa yako kutolewa. Kwa Habari Zaidi kuhusu jinsi ya kuwasiliana na HUS tazama:

<https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/health-undertaking>

Nini hutendeka ikiwa hali ya afya itabadilika?

Ikiwa hali ya afya yako itabadilika, viza lako halitakuwa hatarini. Ni muhimu uhudhurie mamlaka ya afya husika ili kutimiza jukumu la kuwajibika kiafya. Idara inataka hali yako kufuzu kutibiwa.

Kwa nini nihudhurie zahanati ya afya?

Ni kwa upendeleo wako bora kutimiza matakwa yako ya kuwajibika kiafya. Ushirikiano wako na kuwajibika kiafya ni muhimu kusaaidia Serikali ya Australia kukulinda wewe, jamii yako pamoja na jamii za Australia.

Maelezo muhimu kuhusu faragha

Sheria ya Faragha 1988 ina Kanuni 13 za Faragha za Australia ambazo zinasimamia jinsi Idara inavyokusanya na kushughulikia habari za kibinafsi. Maelezo juu ya jinsi ya Idara inavyokusanya, kutumia na kufichua habari za kibinafsi kwa kazi kuu zake yanapatikana katika fomu ya 1442i *Notisi ya Faragha*. Habari zaidi juu ya michakato ya kushughulikia habari ya jumla ya Idara (ikiwa ni pamoja na fomu 1442i) inapatikana kutoka sera ya Faragha ya Idara katika tovuti kwa <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/privacy>

Tafadhali weka kurasa hii ya maelezo kama kumbukumbu yako

Kurasa hii imeachwa wazi kwa mapendeleo



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Please read the information about your health undertaking on page 1 of this form.

Please use a pen, and write neatly in English using BLOCK LETTERS.

Tick where applicable

Tafadhali soma maelezo kuhusu kuwajibika kiafya kwako katika ukurasa wa 1 (kwanza) wa fomu hii.

Tafadhali tumia kalamu ya wino, na andika kwa usafi kwa Kiingereza ukitumia HERUFI KUBWA.

Papasi mahali panapofaa

Your details

Maelezo yako

1 Your full name
Jina lako kamili

Family name
Jina la ukoo

Given names
Jina la kwanza

2 Date of birth
Tarehe ya kuzaliwa

DAY SIKU	MONTH MWEZI	YEAR MWAKA
/	/	

Office use only

HAP ID

ICSE Client ID

3 Do you have a passport?
Unayo pasipoti?

No
La/Hapana

Yes Give details
Ndio ▶ Toa maelezo

Passport number
Nambari ya pasipoti

Country of passport
Nchi ya pasipoti

Date of issue
Tarehe ya kuchapisha

DAY SIKU	MONTH MWEZI	YEAR MWAKA
/	/	

Date of expiry
Tarehe ya mwisho
ya matumizi

/	/	
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Issuing authority/
Place of issue as shown
in your passport

Mamlaka ya kuchapisha/
Mahali pa kuchapisha
kama ioneshavyo kwenye
passpoti

Note: Most visa applicants will be required to hold a valid passport before they can be granted a visa. It is strongly recommended that the passport be valid for at least 6 months.

If you change your passport after you have been granted a visa you must notify the nearest Australian Visa Office or office of the Department.

WARNING: You will not be granted a visa without this information

Ukumbusho: Waombaji wengi watahitajika kuwa na pasipoti halali kabla ya wao kuidhinishwa viza. Inapendekezwa kwa nguvu kuwa pasipoti iwe halali kwa muda zaidi ya miezi sita.

Ikiwa utabadili pasipoti yako baada ya kuidhinishwa viza lazima ujulishe Ofisi ya Viza ya Australia iliyokaribu au Ofisi ya Viza ya idara.

ONYO: Hautaidhinishwa viza bila maelezo haya

Client undertaking Mteja kuwajibika

WARNING: Giving false or misleading information is a serious offence.

9 I undertake the following:

- (for applicants outside Australia) to contact the Health Undertaking Service within 4 weeks of my arrival in Australia;
- (for applicants in Australia) to contact the Health Undertaking Service within 4 weeks of my visa being granted;
- to report to the health clinic to which I am referred;
- to place myself under the health clinic's professional supervision and to undergo any required course of treatment, chest x-ray examination or investigation;
- to inform that health clinic each time I change my address in Australia throughout the period during which my health is being monitored;
- to inform that health clinic whenever I am about to leave Australia and to report upon my return, throughout the period during which my health is being monitored; and
- (for applicants outside Australia) to inform the Australian Visa Office where I lodged my application if, before my departure, I change my contact details.

Note: If you are an applicant under 16 years of age then a parent or guardian should sign this form.

ONYO: Kutoa maelezo ya uwongo au kukosesha ni kosa kubwa.

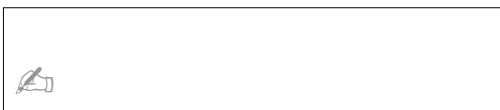
Nakubali kufanya mambo yafuatayo:

- (kwa waombaji nje ya Australia) kuwasiliana na Huduma ya Kuwajibika Kiafya ndani ya wiki 4 za kuwasili Australia;
- (kwa waombaji walio nchini Australia) kuwasiliana na Huduma ya Shughuli ya Afya ndani ya wiki 4 baada ya visa yangu kutolewa;
- kufika kwenye zahanati ya afya ninayorejelewa;
- kujiteua mwenyewe chini ya usimamizi wa mtaalamu wa zahanati ya afya pamoja na kupitia mwenendo wowote wa matibabu, makadirio au uchunguzi wa eksirei ya kifua;
- kujulisha ile zahanati ya afya kila wakati unapobadilisha anwani yako hapa Australia muda wowote ule afya yangu inapokuwa inachunguzwa;
- kujulisha ile zahanati ya afya wakati wowote ule nitarajia kuondoka Australia na kuripoti ninaporegea, wakati wote ambao afya yangu yachunguzwa; na
- (kwa waombaji nje ya Australia) kujulisha Ofisi ya Viza ya Australia mahali ambapo nilitia ombi langu ikiwa, kabla ya kuondoka, nabadilisha habari zangu za mawasiliano.

Ukumbusho: Ikiwa wewe ni mwombaji chini ya miaka 16 (kumi na sita) basi mzazi au mlezi anafaa kutia sahihi fomu.

Your
signature

Sahihi yako



Date
Tarehe

DAY SIKU	MONTH MWEZI	YEAR MWAKA
/	/	

If signing on behalf of a child under 16 years of age –
Name of parent or guardian

Ikiwa unatia sahihi kwa niaba ya mtoto chini ya miaka 16 (kumi na sita) –
Jina la mzazi au mlezi

Relationship
to child

Uhusiano
kwa mtoto

Consent for release of health information Rubusa ya kutolewa kwa maelezo ya afya

10 As a part of the health undertaking the Department and state and territory health authorities and the relevant health clinic need to release health information to each other. Information will only be released if it relates to the visa and will be strictly guided by the *Privacy Act 1988*.

I consent to the Department disclosing my personal information to state and territory health authorities and the relevant health clinic for the purpose of monitoring this health undertaking.

I consent to authorise the state and territory health authorities and the relevant health clinic to disclose to the Department:

- the result of the health examination that I will attend; and
- information about any follow-up treatment required.

Note: If you are an applicant under 16 years of age then a parent or guardian should sign this form.

Kama wajibu wa kuwajibika kiafya idara na mamlaka ya afya ya jimbo na ya wilaya na zahanati ya afya inayohusika yahitajika kutoa maelezo ya afya kati yao. Maelezo yatolewa ikiwa inahusiana na viza na itaongozwa kwa ukali na *Sheria ya Faragha 1988*.

Nakubali idara kufichua maelezo yangu ya kibinafsi kwa mamlaka ya afya ya jimbo na wilaya na zahanati ya afya inayohusika kwa kusudio ya kusimamia wajibu wa kuwajibika kiafya.

Nakubali kuamrisha mamlaka ya afya ya jimbo au ya wilaya na zahanati ya afya inayohusika kufichua kwa idara:

- matokeo ya makadirio ya afya ambayo nitahudhuria: pamoja na
- maelezo kuhusu matibabu yoyote ya kufuatilia yahitajika.

Ukumbusho: Ikiwa wewe ni mwombaji chini ya miaka 16 (kumi na sita) basi mzazi au mlezi anafaa kutia sahihi fomu.

Your
signature

Sahihi yako



Date
Tarehe

DAY SIKU	MONTH MWEZI	YEAR MWAKA
/	/	

If signing on behalf of a child under 16 years of age –
Name of parent or guardian

Ikiwa unatia sahihi kwa niaba ya mtoto chini ya miaka 16 (kumi na sita) –
Jina la mzazi au mlezi

Relationship
to child

Uhusiano kwa
mtoto

**You should keep a copy of your signed health undertaking.
Uweke nakala ya kuwajibika kiafya yako ya kusainiwa.**