ካርዱን በውጫዊው ጠርዝ ይቁረጡ። ስምዎን ይጻፉ እና ከእርስዎ ጋር ይያዙት።

Print on both sides of the paper, flipped on the long edge. Cut out each card along its outer edge. Write your name and carry it with you.

አማርኛ AMHARIC

ብቁ የሆነ የሕክምና አስተርጓሚ አገልግሎት እጠይቃለሁ

በ1964 የሲቪል መብቶች ሕግ ርዕስ VI እና በተመጣጣኝ ዋጋ የጤና እንክብካቤ ሕግ (Affordable Care Act) የአድልዎ መከልከያ ድንጋጌ (ክፍል 1557) መሠረት ብቁ የሆነ የሕክምና አስተርጓሚ እና ተርጓሚ አገልግሎት እጠይቃለሁ። በሕክምና አስተርጓሚነት ያልሠለጠኑ የቤተሰብ አባላት እና ሁለት ቋንቋ ተናጋሪ ሠራተኞች የሕክምና አስተርጓሚ ሆነው ለመሥራት ብቁ አይደሉም።

እርዳታ ይፈልጋሉ? ያግኙን
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አማርኛ AMHARIC

ብቁ የሆነ የሕክምና አስተርጓሚ አገልግሎት እጠይቃለሁ

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Full Name: .....

Preferred Language(s): **Amharic · አማርኛ** **Preferred Dialect(s):** .....

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Preferred Language(s): **Amharic · አማርኛ** **Preferred Dialect(s):** .....

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The back of the card. Print it on the back of page 1.