

Mpendwa
Dear

Tafadhali leta
Please bring your

Mtoto
Child

Watoto
Children

(taja majina) (state names)

Kumuona
To see the

Daktari
Doctor

Mwuguzi
Nurse

Mgeni wa Afya
Health Visitor

Tabibu
Therapist

kwenye
at the

Upasuliwaji
Surgery

Hospitali
Hospital

Kliniki
Clinic

Shule
School

Mnamo
on

Jumatatu
Monday

Jumanne
Tuesday

Jumatano
Wednesday

Alhamisi
Thursday

Ijumaa
Friday

Jumamosi
Saturday

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Januari
January

Februari
March

Machi
March

Aprili
April

Mei
May

Juni
June

Julai
July

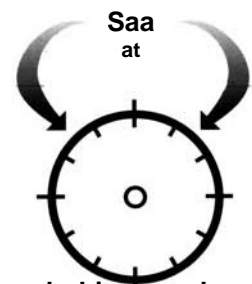
Agosti
August

Septemba
September

Octoba
October

Novemba
November

Decemba
December



Anwani na namba ya simu yetu ziko upande wa juu wa barua hii.
Our address and telephone number are at the top of this letter.

Ni muhimu kuwa uhifadhi hudhurio huu. **Kama huwezi kuhudhuria tafadhali**
It is important that you keep this appointment. **If you are unable to attend please**

piga simu
telephone

na ulizia
and ask for

Wako mwaminifu
Yours sincerely

Tutajaribu kukupatia mtafsiri
We will try to provide an interpreter

Habari iliyotiwa mviringo inakuhusu
The Circled information applies to you