

<SCHOOL NAME>

<SCHOOL YEAR>

NPI: _____

FOOMKA BAARITAANKA IYO OGGOLAANSHAHA CAAFIMAADKA TALLAALKA ILMAHA

Fadlan ka jawaab su'aalaha soo socda ee ku saabsan qofka la tallaalayo.


Magaca:	Taariikhda Dhalashada:	Da'da:	Fasalka Dugsiga:	Luuqadda La door biday:
U-qalmitaanka Tallaalka & Caymiska: <input type="checkbox"/> Caymis ku Jira, Gobolka U-qalma <19 sano <input type="checkbox"/> Caymis Caafimaad Ma Jiro <input type="checkbox"/> Medicaid/MaineCare # Aqoonsiga _____	Calaamadee dhammaan kuwa khuseeya <input type="checkbox"/> Dhaladka Maraykanka/Dhalad Alaska <input type="checkbox"/> Aan si buuxda u caymisnayn <input type="checkbox"/> Caymiska Khaaska ah Magaca Kambaniga _____ # Aqoonsiga _____ # Kooxda _____	Jinsiga: <input type="checkbox"/> Lab <input type="checkbox"/> Dheddig <input type="checkbox"/> Jinsi-Laawe/X <input type="checkbox"/> Jinsi-baddel <input type="checkbox"/> Doorbido inaan sheegin <input type="checkbox"/> Kale _____		
Isir: <input type="checkbox"/> Hindi Mareykan ama Dhalad Alaska <input type="checkbox"/> Aasiyaan <input type="checkbox"/> Dhaladka Hawaai ama Deganaha kale ee Jasiiradaha Baasifigga	<input type="checkbox"/> Madow ama Afrikaan Ameerikaan ah <input type="checkbox"/> Caddaan <input type="checkbox"/> Isir Kale		Qowmiyad: <input type="checkbox"/> Hisbaanik/Latino <input type="checkbox"/> Aan Hisbaanik Ahayn/Aan Latino Ahayn	
Cinwaanka Waddada:	Magaalada/Baaqa Boostada:	Taleefank Maalinka:		

<i>Fadlan ka jawaab su'aalaha soo socda ee ku saabsan <u>qofka kor ku magacaaban</u>.</i>	Haa	Maya	Ma Aqaanno
1. Cunuga maanta ma bukaa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ilmuhu ma ku leeyahay xasaasiyad daawooyinka, cuntada, waxyaabaha tallaalka ka kooban yahay, ama cinjir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ilmuhu miyuu horay ugu yeeshay falcelin halis ah tallaalka?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ilmuhu ma leeyahay dhibaato caafimaad oo daba-dheeratay oo ku saabsan sambabada, wadnaha, kelyaha ama cudurada dheef-shiidka (tusaale ahaan sokorowga), neefta, khalkhalka dhiiga, beeryaro la'aanta, yaraanta awoodda difaaca jirka, samaacadda maqalka dhegaha, ama dilaacidda dheecaanka laf-dhabarta? Isaga/iyadu ma qaataa daawaynta asbiriin ee muddada-dheer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ilmaha, walaal ama waalid ma ku dhacay qalal; Ilmuhu ma yeeshay dhibaatooyin maskaxda ama hab-dhiska dareenka kale?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ilmuhu ma qabaa kansar, dhiig-yaraan, HIV/AIDS, ama dhibaato kale ee nidaamka difaaca ah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ilmuhu ma leeyahay waalid am walaal qaba dhibaato nidaamka difaaca?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 3-dii bilood ee la soo dhaafay, ilmuhu ma qaatay dawooyin saameeya habka difaaca jirka sida prednisone, steroids-yo kale, ama daawooyinka kansarka; daawooyinka loogu talagalay daawaynta cudurka bararka kala-goysyada (rheumatoid arthritis), cudurka Crohn, ama psoriasis; ama ma lagugu daweeeyey shucaaca kiimikada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sanadkii la soo dhaafay, ilmaha ma lagu shubay dhiig ama alaab dhiig, ama ma la siiyay golobiinka difaac (gamma) ama daawo fayraska lid ku ah?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ilmaha/dhalinyarada uur ma leeyahay ama ma jirtaa suuragalnimada inay uur ku yeelato bisha soo socota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ilmuhu ma la tallaalay 4-tii toddobaad ee la soo dhaafay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cunuga sare ku magacaaban waxaa la gaaray xilligii uu qaadan lahaa, oo waxa uu heli doonaa, tallaalada soo socda:

<input type="checkbox"/> Fadlan eeg xogta ilmahaaga oo sii tallaalka kasta oo isaga/iyada u baahan yahay	
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Tallaalka Cudurka Xuub-Maskaxeedka (Meningococcal Conjugate (MenACWY))
<input type="checkbox"/> DTap/Tdap (qawracato, teetano, xiiq-dheerta)	<input type="checkbox"/> MMR (Jadeecada, Qaamo-qaashiirka, and Jadeeco Jarmalka)
<input type="checkbox"/> Hergab (ifilo)	<input type="checkbox"/> PCV13 (Tallaalka Oof-wareenka (Pneumococcal Conjugate))
<input type="checkbox"/> Hep A (cagaarshowga A)	<input type="checkbox"/> Dabaysha
<input type="checkbox"/> Hep B (cagaarshowga B)	<input type="checkbox"/> PPSV23 (Tallaalka Oof-wareenka (Pneumococcal Polysaccharide))
<input type="checkbox"/> Hib (Hergabka Haemophilus influenzae nooca b)	<input type="checkbox"/> Fayraska Rotavirus
<input type="checkbox"/> Tallaalka Human Papillomavirus (HPV)	<input type="checkbox"/> Varicella (Bus-bus)
<input type="checkbox"/> Cudurka Xuub-Maskaxeedka (Meningococcal) B	<input type="checkbox"/> Kale: _____

Miyaad la timid diiwaanka tallaalka ilmahaaga? Haa Maya
Hadday haa tahay, fadlan u dhiib qofka dib-u-eegaya foomkan. Waxaa lagu siin doonaa diiwaanka tallaalka maanta la siiyay.

Fadlan geddi oo dhammaystir dhinaca kale 

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Fadlan ka jawaab su'aalaha soo socda ee ku saabsan qofka la tallaalayo.

FADLAN CALAAMEE MID KA MID AH SANDUUYADA SOO SOCDA:

Tallaalada ilmahayga **waxaa la siin karaa** anigoo maqan.

Tallaalada ilmahayga **waxa la samayn karaa oo keliya** anigoo joogo.

OGGOLAANSHAHA TALLAALIDDA

- Waxa la ii soo bandhigay koobiga Bayaanada Macluumaadka Tallaalka (VIS) ee sare. Waan akhriyay, waa la ii sharaxay, waanan fahmay macluumaadka ku jira VIS-ka(yada).
- Waxaan fahamsanahay in diiwaanka tallaalanka la gelin doono Nidaamka Macluumaadka Tallaalka Maine, ImmPact.
- Waxaan fahamsanahay in qofka la tallaalayo lagula talinayo inuu sii joogo goobta ugu yaraan 15 daqiiqo tallaalka kadib.
- Waxaan fasaxay in macluumaadka loo isticmaalo in kharashaadka bixinta tallaalka lagu dallaco MaineCare ama caymiska khaaska ah.
- Waxaan fasaxay in tallaal-ka(yada) lagu tilmaamay kor la siiyo aniga ama qofka kor lagu sheegay ee aan oggolaanshaha u haysto inaan u sameeyo codsigan.

▶ _____ Taariikhda: _____ Xariirka aad la leedahay Canuga _____
Saxeexa Waalidka ama Masuulka Sharciga Ah

▶ _____ Taariikhda: _____
Saxiixa turjubaanka

FOR CLINICAL USE ONLY

Documentation Information

Clinic Site:	District:	Administrator Name:
Patient Name:	Patient DOB:	

Vaccine	Dose	Extremity	Site	Route	VIS Date	Manufacturer & Lot #	Expiration Date
COVID-19	Pfizer: 0.3mL Moderna: 0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
DTap/Tdap	0.5 mL	Right Left	Deltoid Vastus Lateralis	IM			
Haemophilus influenzae type b (Hib)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Hepatitis A (HepA)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Hepatitis B (HepB)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Human papillomavirus (HPV)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Flu, inactivated (IIV)	0.25 mL 0.5mL	Right Left	Forearm Deltoid Vastus Lateralis	IM			
Flu, (live attenuated) (LAIV4)	0.2mL (0.1mL per nostril)	Left nare Right nare	Bilateral Nares	Intranasal Spray			
Measles, mumps, rubella (MMR)	0.5 mL	Right Left	Posterior tricep Vastus Lateralis	SC			
Meningococcal serogroups ACWY (MenACWY)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Meningococcal B (MenB)	0.5 mL	Right Left	Deltoid Vastus Lateralis	IM			
Pneumococcal 13-valent conjugate (PCV13)	0.5mL	Right Left	Deltoid Vastus Lateralis	IM			
Pneumococcal 23-valent polysaccharide (PPSV23)	0.5 mL	Right Left	Deltoid Posterior tricep Vastus Lateralis	IM SC			
Polio (IPV)	0.5 mL	Right Left	Deltoid Posterior tricep Vastus Lateralis	IM SC			
Rotavirus (RV1) (RV5)	Rotarix 1.0mL Rotateq 2.0mL	By mouth	Mouth	Oral			
Varicella (VAR)	0.5mL	Right Left	Upper Arm Vastus Lateralis	SC			

State-Supplied Vaccine Yes No

X _____
Signature and Credentials of Vaccine Administrator

Date