Indiana Immunization Coalition (IIC) – Registration and Consent Form
6919 E 10th Street, Suite C2, Indianapolis, IN 46219

Hausa-Nigerian

A Bayar Da Waɗannan Bayanan Na Mutumin da ake Yi wa Allurar Riga-Kafi:

Sunan Mara Lafiya: Sunan Farko_____Suna Na Biyu_____Sunan Karshe_____

Ranar Haihuwa:_____/_____/_____ Shekaru:_____ Jinsi: □ MA □ Mi

ƙabilanci: □ Mai Alaka da Sifaniyanci/Latiniyanci □ Mara Alaka Da Sifaniyanci/Latiniyanci

JInsi: (A zabi wanda ya dace) □ Ba'indiyen Amurka /Dan Alaska □ Mutumin Asiya □ Baki □Dan Asalin Hawaii/Dan Tsibitin Pacific □ Fari □ Ba A Sani Ba

Lambar Waya (_____) _____- _____ Adireshin Imel: _____

Adireshin aikawasiku :_____Birni:_____Jiha:_____ Lambar: akwatin gidan waya___

Sunan Iyaye/Wakili:_____

Matsayin Inshora (A zabi wanda ya dace)

□ **BABU INSHORA**

□ ***MEDIKEID*** □ HHW □ HCC □ HIP □ CHIP

Kamfani:_____*Medikeid #*:_____□ Ba a sani ba

□ **INSHORA MAI ZAMAN KANSA ko TA KASUWAANCI (*MEDIKEID* BA)**

Kamfanin Inshora:_____Lambar Inshora:_____Rukuni #_____(idan akwai):

Sunan Mai Inshora:_____Ranar Haihuwar Mai Inshora:_____/_____/_____

Dangantakar Mai Inshora Da Mara Lafiya: _____

Tambayoyi ga Wanda ake Yiwa Riga-Kafi:	***No***	***Yes***
1. Shin wanda za a yi wa riga-kafin ba shi da lafiya ne a yau? Idan haka ne, menene alamun su?	a'a□	eh□
2. Shin yanayin jikin mara lafiyar yana bijirewa wani nau'i na magani, ko abinci, ko wani riga-kafi ko wani abu mai ruwa-ruwa? A fadi irin alamun bijirewar:	a'a□	eh□
3. Shin yanayin jikin mara lafiyar ya taba nuna wata tsananin alama saboda wani riga-kafi da aka yi masa/mata a baya? Idann haka ne, a yi bayanin ta:	a'a□	eh□
4. Shin wanda za a yiwa riga-kafin ya/ta taba nuna alamar ciwon da garkuwar jiki ke fada da hanyoyin jini, wato -Barre Syndrome (GBS)?	a'a□	eh□
5.Shin wanda za a yiwa riga-kafin yana/tana da wata doguwar larura ta ciwon zuciya, ko ta huhu, ko ta asma, ko ta koda, ko ta ciwon sikari, ko ta karancin jini, ko wata cuta da ta shafi jini?	a'a□	eh□
6. Shin wanda za a yiwa riga-kafin yana/tana da cutar sankarar jini, ko cuta mai karya garkuwar jiki, ko wata cuta da ta shafi garkuwar jiki?	a'a□	eh□
7. Shin wanda za a yiwa riga-kafin yana/tana shan *cortisone*, ko *prednisone*, ko maganin kumburi, ko wani maganin sankarar jini, ko an taba yi masa/mata magani ta hanyar daukar hoto don cutar sankarar jini	a'a□	eh□
8. Shin wanda za a yiwa riga-kafin ya/ta taba suma, ko samun matsalar kwakwalwa, ko firgita?	a'a□	eh□
9. Shin wanda za a yiwa riga-kafin yana/tana shan taba?	a'a□	eh□
10. Shin an taba sa wa wanda za a yiwa riga-kafin jini ko kayan jinni nan da shekara ɗaya baya, i, ko an taba ba shi/ta magani mai suna *immune (gamma) globulin*?	a'a□	eh□
11. Na mata ne: Shin wanda za a yiwa riga-kafin tana da ciki, ko kuwa akwai damar da za su iyasamun ciki a wata mai zuwa?	a'a□	eh□
12. Shin mutumin da za'a yiwa rigakafin ya samu wani rigakafin a makonni 4 da suka gabata?	a'a□	eh□

Amincewa Don A Yi Amfani Da Bayanan Lafiya Na Sirri Da Na Neman Hakki: Na amince na kuma nuna ina sane da cewa na sami sanarwa Nusarwa Ta Wani Aiki Na Sirri a kan amfani da kuma fadar bayanan lafiyata don ayyukan kula da lafiya, tare da karbar duk wani biya daga kamfanin inshora da aka ambata a bisa a mika zuwa ga *biller na ƁangareNa uku* wanda suna da alaka da ayyukan da aka ambata a nan.

Sa Hannu: _____ Kwanan Wata:_____

Ana bukatar sa hannun iyaye ko wakili da wanda bai ka shekara 18 ba

Bayar Da Izinin Riga-Kafi: Sa hannun da na yi a wannan takardan yana nuna cewan na nemi a ba ni da ma waɗanda suke karkashina wannan rika-kafin da aka ambata a kasa, , wanda wani wakilin *biller na ƁangareNa uku* zai bamu . Na kuma wanke *biller na ƁangareNa uku*, da duk wani abokin aikin *biller na ƁangareNa uku*, da kuma wanda zai yi allurar riga-kafin ko wani wasu abokan aikinsu, daga dukkan wani abu da ka iya faruwa. Na kuma wanke kowa, ba tare da wani sharadi ba, daga tuhuma a kotu, ko ma wani abu da ya shafi doka, daga neman wani hakki da ke iya tasowa daga sakamakon riga-kafin, sannan kuma duk wani hakki ko mataki da za a iya dauka, za a yi shi ne bisa daidaikun mutane , ta hanyar yin sulhu bisa ka'idojin Sulhu na Kungiyar Sulhuntawa Ta Amurka.

Ni ko *biller na ƁangareNa uku* ba za mu shiga ko ƙarfafa harkar neman wani hakki ta sulhu tsakanin mutane ko ƙungiyoyi ba, ko mu yi sulhu a matsayin wakilai a matakinmu na daidaiku ko ta ofishin wani mai shara'a ba. Dangane kuma da abin da ya shafi harkar tafiyar da aik, *biller na ƁangareNa uku* sun sami amincewar mara lafiyar da a yi gwajin jinisa/ta don kariya gare shi/ta da ta ma'aikata.

Na karanta ko kuma an bayyana min bayanin da ke tattare da riga-kafin, kuma na fahinci hadarin da ke tattare da ita (har da abin zan iya bijirowa) da kuma amfanin ta. In kuma amincewar wani nake nunawa, ina da iko a hukumance, duba da irin dangantakar da ke tsakanina da wanda aka ambata a bisa, na amincewa da a yi wannan riga-kafin.

□ **Na amince** a kan kaina/ɗana/'yata da za a yiwa wannan riga-kafi, tare da duk rigakafin da aka ba da shawara a wannan lokacin . Idan zan ki amincewa da wani takamaiman riga-kafin, to zan kira **317-628-7116** ko na aika da sako ta wannan imel: clinic@vaccinateindiana.org riga-kafi za a duba da irin riga-kafin da bayaninka/ki/yaronka/yarinyarka ya nuna sune: *DTaP da Tdap da Hepatitis A da Hepatitis B da HIB da Polio da Rotavirus da Pneumococcal da Influenza da MMR da Human Papilloma Virus da Meningitis da kuma Varicella, RSV.*

□ **Sa hannun na'ura:** Ana amfani da sa hannun na'ura wajen adana bayanan lafiya don nuna amincewa a kan duk wani bayanin lafiya da za a shigar da shi ta na'ura ko wata hanya rubutacciya, da kuma bayanan da aka samo ta kwamfuta. Cike wannan wajen da kuma mika shi, bayan an sa suna da kwanan wata a kan wannan takardar, amince ta cewa zan sa hannu irin na na'ura, kuma zai yi aiki a dokance, bisa sharuda da ka'idojin da aka shimfida a wannan takarda. Tsarin *biller na ƁangareNa uku* ne amincewa da sa hannu irin na na'ura a maimakon sa hannu na zahiri. Wannan bayanin yana aiki bisa wani tsari amintacce, wanda ya tabbatar da kariyar ga tsarin, da kuma takaita hadarin abin da za a yi ba tare da neman amincewa ba, ta fuskar tsare-tsare da amfani da shi da kuma samun kai wa ga bayanin lafiya da aka adana ta na'ura.

Sa Hannu: _____ Kwanan Wata:_____

Ana bukatar sa hannun iyaye ko wakili da wanda bai ka shekara 18 ba

INDIANA IMMUNIZATION COALITION

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CLINIC USE ONLY *Note any vaccine refusals next to vaccine name*				
Vaccine	**VIS**	**MANUFACTURER/LOT #/ EXP DATE**	**INJECTION SITE**	**ROUTE**
Dtap	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Dtap/IPV	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Dtap/Hep B/IPV	5/12/23		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Dtap/Hib/IPV	10/15/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Dtap/IPV/Hib/HepB	5/12/23		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Hep A ☐ adult ☐ pediatric	10/15/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Hep B ☐ adult ☐ pediatric	5/12/23		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Hib	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
HPV	8/6/21		☐ L arm ☐ R arm	☐ IM
Influenza	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
MCV4	8/6/21		☐ L arm ☐ R arm	☐ IM
Men B	8/6/21		☐ L arm ☐ R arm	☐ IM
MMR	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ SC
MMRV	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ SC
Pneumococcal	5/12/23		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM
Polio	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ IM ☐ SC
Rotavirus	10/15/21			☐ PO
RSV	10/19/23		☐ L arm ☐ R arm	☐ IM
Tdap	8/6/21		☐ L arm ☐ R arm	☐ IM
Varicella	8/6/21		☐ L arm ☐ R arm ☐ L thigh ☐ R thigh	☐ SC
Zoster	2/4/22		☐ L arm ☐ R arm	☐ IM
Covid-19	10/19/23		☐ L arm ☐ R arm	☐ IM

VACCINATOR NAME AND CREDENTIALS: _____ DATE: _____

Checked out in third party biller on: _____ Initials: _____