Somali

Isbahaysiga Tallaalka Indiana (IIC) - Foomka Diiwangelinta iyo Oggolaanshaha

6919 E 10th Street, Suite C2, Indianapolis, IN 46219

Ku buuxi xogta qofka la tallaalayo:

Magaca Sharciga ee Bukaanka: Magaca koowaad _____ Magaca dhexe _____
Magaca Saddexaad: _____
Magaca La Doortay (*haddii ay mudan tahay*): _____ **Shaqada** (*haddii ay mudan tahay*):
_____

Taleefanka #: (_____) - _____ - _____ **T. Dhalashada:** _____ /_____/_____ **Da'da:** _____ **Jinsiga** (laguu aqoonsaday markaad dhalatay): □ Dheddig □ Lab**Magac-u-yaallada:** _____

Cinwaanka Boostada: _____ **Caasimadda:** _____ **Gobolka:** ____ **Baaqa Boostada:** _____

Isirka: (Calaamadee dhammaan kuwa khuseeyo) □Hindida Maraykanka/Dhaladka Alaska □Aasiyaan □Madow □Dhaladka Hawaiian/Deganaha Jasiiradda Baasifik □Cadaan □Isir kale _____

Qowmiyadda: □ Hisbaanik/Latino □ Aan ahayn Hisbaanik/Latino **Magaca Saddexan ee Waalidka/Mas'uulka:** _____

Loogu talogalay Ardayga: Magaca Dugsiga: _____ Fasalka: _____

Xaallada Caymiska (Calaamadee sanduuqa)

□ AAN LAHAYN CAYMIS

□ KAALMADA-DAWO (MEDICAID) □ HHW □ HCC □ HIP □ CHIP
Shirkadda: _____
Medicaid #: _____

□ XANAANO-DAWO Medicare #: _____
Aqoonsiga Xubnaha / Kooxda (haddii ay khuseyso):
_____

□ CAYMISKA GAAR AH ama GANACSI (AAN AHAYN MEDICAID) *Foomka ku dheji koobiga kaarka haddii ay suurtagal tahay*
Shirkadda: _____ Caymiska/ Aqoonsiga Xubinta: _____ # Kooxda: _____
Magaca Mulkiilaha Caymiska: _____ Taariikhda Dhalashada Mulkiilaha: ____/_____/_____
Waxa ay Isku yihiin Mulkiilaha Caymiska iyo Bukaanka: _____

Su'aalaha Baadhista Caafimaadka ee Qofka la Tallaalayo:	*(no)* *(yes)*
1. Miyaad maanta jirran tahay?	□ Maya □ Haa
2. Ma jiraan wax xasaasiyad ah oo ku saabsan daawada, cuntooyinka, walxaha tallaalka, ama cinjirka? Fadlan liis garey xasaasiyadaha:	□ Maya □ Haa
3. Weligaa ma yeelatay fal-celin xasaasiyadeed oo halis ah ka dib markii aad qaadatay tallaal? Hadday haa tahay, fadlan sharax:	□ Maya □ Haa
4. Weligaa ma kugu dhacay Cudurka Difaaca Jirkaagu uu Weeraro Dareemahaaga (Guillain-Barre Syndrome (GBS))?	□ Maya □ Haa
5. Miyaad qabtaa dhibaato caafimaad oo daba-dheerato oo ku saabsan wadnaha, sambabada ama kelyaha, cudurada dheef-shiid kiimikaadka (tusaale ahaan sokorowga) ama xanuunada kale ee dhiiga (tusaale xinjirowga, dhiig la'aanta unugyada (sickle cell)?	□ Maya □ Haa
6. Ma qabtaa kansar, kansarka dhiigga, AIDS ama cudur kale oo daciifiyo hab-dhiska difaaca jirka?	□ Maya □ Haa
7. Miyaad qabtaa qalal ama dhibaato maskaxeed ama dhibaato kale oo hab-dhiska dareenka?	□ Maya □ Haa
8. Miyaad qaadataa cortisone, prednisone, steroids kale ama daawooyinka kansarka ka hortaga, ama ma qaadatay daawaynta raajo ee kansarka?	□ Maya □ Haa
9. Khuseyso Dumarka - Miyay uur bay leedahay mise waxaa jirta fursad ay uur ku qaadi karto bisha xigta?	□ Maya □ Haa
10. Miyaad sigaar ama shiishad (vape) cabtaa? Waligaa ma cabtay sigaar ama shiishad?	□ Maya □ Haa
11. Sanadkii la soo dhaafay, ma lagugu shubay dhiig ama lagu siiyay badeecooyin dhiig, ama lagu siiyay lid-jidh gale dhaliye (difaaca jirka) ama daawo fayraska ka hortagto?	□ Maya □ Haa
12. Miyaad qaadatay wax tallaal ah 4-tii toddobaad ee la soo dhaafay?	□ Maya □ Haa

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Bayaanka Oggolaanshaha

Oggolaanshaha Isticmaalka Macluumaadka Caafimaadka Dhawrsan & Meelaynta Sheegashada: Waxaan halkan ku ogolaaday oo aan qirayaa helitaanka Ogeysiiska Qarsoonnimada
Dhaqanada ku saabsan isticmaalka iyo siidaynta xogtayda caafimaadka gaarka ah ee ujeedada hawlgallada daryeelka caafimaadka,
oo ay weheliso u-dejinta dhammaan lacag-bixinta caymis-bixiyaha kor ku taxan oo loo dirayo biilasha qolo saddexaad ee la xiriira adeegyada halkan lagu soo bandhigay.

***Saxiixa: X _____ Taariikhda: _____**

Saxiixa waalidka/mas'uulka ayaa loo baahan yahay haddii ay da'doodu ka yar tahay 18 jir

Oggolaanshaha Tallaalka: Saxiixayga foomkan wuxuu muujinayaa inaan codsaday in tallaalka hoos lagu tilmaamay uu wakiilka ka socdo Isbahaysiga Tallaalka Indiana (IIC) i siiyo ama siiyo ku tiirsanahayga. Waxaan mas'uuliyad kasta ee falcelin xasaasiydeed kasta oo dhaca ka dhaafayaa
qaan-sheegtaha dhinaca saddexaad, IIC, qofka maamulka hayo, iyo shaqaalaha. Waxaan si shuruud la'aan ah oo aan laga noqon karin uga tanaasulayaa xuquuq kasta oo aan ku heli karo maxkamad xeerbeegti ah, ilaa xadka ugu badan
ee sharcigu oggol yahay, dacwad kasta ama fal kasta oo ka soo baxa ama la xidhiidha adeeggan, iyo in dacwad kasta ama tallaabo kasta oo noocaas ah lagu go'aamiyo
si shakhsiyeed iyada oo loo marayo dhexdhexaadin si waafaqsan Xeerarka Xalinta Khilaafaadka Ganacsiga ee Ururka Xalinta Khilaafaadka Maraykanka.
Aniga ama IIC ama qaan-sheegataha dhinaca saddexaad midna xaq uma yeelan doono ku biiridda ama xoojiyo dacwadaha dhex dhexaadinta ama ka dhanka ah shaqsiyaadka ama hay'adaha kale, ama u garqaado wixii sheegasho ah xubinta matala heer ahaan ama matalaadda guud ee awooda qareenka. Haddii ay u baylihid kaaga timaaddo shaqada, IIC waxay haysataa oggolaanshaha bukaanka ee baaritaanka dhiigga ee bukaanka iyo badbaadada shaqaalaha si isku mid ah.

Waan akhriyay ama la ii sharxay macluumaadka ka soo baxay Bayaannada Macluumaadka Tallaalka oo waan fahmay khataraha (oo ay ku jiraan falcelinta xasaasiyadeed ee daran) iyo dheefaha tallaalka. Haddii aan oggolaansho u bixinayo qof kale, waxaan leeyahay awoodda sharciyeed, oo ku saleysan xiriirka aan la leeyahay qofka kor lagu tilmaamay,
ee aan ku oggolaanayo bixinta tallaalkan.

Waxaan oggolahay in naftayda/ilmahayga la siiyo dhammaan tallaallada lagu taliyey ee wakhtigooda la joogo. Haddii aan rabo inaan diido wax tallaal-(o) ah oo gaar ah,
markaas waxaan waci doonaa 317-628-7116, iimayl u diri doonaa: clinic@vaccinateindiana.org ama kala hadli doona hogaanka rugta caafimaadka.
Tallaalada ayaa laga yaabaa in la siiyo adiga iyo/ama ilmahaaga iyadoo lagu salaynayo diiwaanka tallaalka: DTaP/Tdap, Cagaarshowga A, Cagaarshowga B, Haemophilus influenzae
nooca b (HiB), Human Papillomavirus (HPV), Hargabka, Jadeecada, Qaamo-qashiirta iyo Jadeeco Jarmalka (MMR), Qoorgooyaha (Meningitis), Dabaysha, Burkiitada, Rotavirus, Fayraska Isku-dhafka Neefsiga ah (RSV), Varicella, Zoster, iyo/ama Covid-19.

***Saxiixa: X _____ Taariikhda: _____**

Saxiixa waalidka/mas'uulka ayaa loo baahan yahay haddii ay da'doodu ka yar tahay 18 jir

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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: _____

Updated 2/20/2024 SJ