Kinyarwanda

Indiana Immunization Coalition (IIC) – Registration and Consent Form

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

Uzuza ibikurikira ku bw'umuntu ugiye guhabwa urukingo:

Izina ryemewe n'amategeko ry'Umurwayi:

Izina ry'idini _____ Irindi _____ Izina ry'umuryango: _____

Izina yahisemo (*niba rihari*): _____ **Icyo akora** (*niba gihari*): _____

Terefone #: (___) - _____ - _____ **Itariki y'amavuko**: ___ /____/_____ **Imyaka**: _____ **Ibinyazin gitsina** (*yahawe avuka*): □ Gore □ Gabo

Aderesi y'Iposita: _____ **Umujyi**: _____ **Leta**:____ **Kode y'Iposita**: _____

Ubwoko: (Hitamo ibiri byo byose) □Umunyamerika ukomoka mu Buhinde/Kavukire wa Alasika □ Umunyaziya □Umwirabura □Kavukire wo muri Hawayi/Ukomoka mu birwa bya Pasifikac □Umuzungu □ Ubundi **Inkomoko**: □ Ukomoka mu bihugu bikoresha icyesipanyoro/Umulatino

Amazina yose y'Umubyeyi/Umwishingizi: _____

Ku banyeshuri: Izina ry'Ishuri: _____ Umwaka yigamo: _____

Imimerere y'ubwishingizi (Vivura akazu):

□ **Nta bwishingizi**

□ **Medicaid** □ HHW □ HCC □ HIP □ CHIP

Ikigo: _____

Medicaid #: _____

□ **Medicare**

Medicare #: _____

Ikiranga umunyamuryango/Itsinda # (*niba gihari*):_____

□ **Ubwishingizi bwigenga, bw'ubucuruzi, cyangwa nyunganizi** (BUTARI MEDICAID) *Omekaho kopi y'ikarita ku ifishi niba bishoboka*

Ikigo: _____ Ikiranga umunyamuryango/Sosiyete y'ubwishingizi: _____

Itsinda #:

Amazina yose y'uwishingiwe: _____ Itariki y'amavuko y'uwishingiwe: _____/_____/_____

Isano uwishingiwe afitanye n'umurwayi : _____

Ibibazo by'ubuzima bibazwa ugiye guhabwa urukingo:	*(no)* *(yes)*
1. Uyu munsi uwo muntu ararwaye? Niba ari yego, ni ibihe bimenyetso afite?	□ Oya □ Yego
2. Hari ubwivumbure bw'umubiri ubwo ari bwo bwose agira ku miti, ibiribwa, ibigize urukingo, cyangwa ibikoze muri latex? Vuga ubwivumbure bw'umubiri:	□ Oya □ Yego
3. Uwo muntu yaba yarigeze agirwaho ingaruka ikomeye n'urukingo mu gihe cyashize? Niba ari yego, sobanura:	□ Oya □ Yego
4. Uwo muntu yaba yarigeze kurwara icyorezo cya Guillian-Barre (GBS)?	□ Oya □ Yego
5. Umuntu afite ikibazo cy'igihe kirekire cy'ubuzima bw'umutima, ibihaha cyangwa impyiko, indwara ya metabolike (urugero: diyabete) cyangwa izindi ndwara z'amaraso (urugero: indwara ifata ingirangingo z'amaraso)?	□ Oya □ Yego
6. Uwo muntu arwaye kanseri, kanseri y'uduce two mu maraso, SIDA cyangwa ibindi bibazo byibasira ubudahangarwa bw'umubiri?	□ Oya □ Yego
7. Uwo muntu yigeze kugira ikibazo cyo kugagara, ubwonko, cyangwa icyibasira igice cy'ubwonko?	□ Oya □ Yego
8. Uwo muntu afata imiti ya cortisone, prednisone, indi miti ya steroids cyangwa ivura kanseri, cyangwa yahawe ubuvuzi bwa kanseri bukoresheje imirasire?	□ Oya □ Yego
9. Ku bagore: Uwo muntu aratwite cyangwa hari amahirwe ko ashobora gutwita mu kwezi gukurikira?	□ Oya □ Yego
10. Uwo muntu anywa itabi cyangwa umwotsi urimo nikotine?	□ Oya □ Yego
11. Mu mwaka ushize, uwo muntu yaba yaratewe amaraso cyangwa ibikomoka ku maraso, cyangwa yahawe imiti yitwa immune (gamma) globuline?	□ Oya □ Yego
12. Uwo muntu yaba yarahawe inkingo izo ari zo zose mu byumweru 4 bishize?	□ Oya □ Yego

Inyandiko itanga uburenganzira

Uruhushya rwo gukoresha amakuru arinzwe y'ubuzima no gutanga ibirego: Nemereye kandi nemera ko nakiriye imenyesha ry'ibikorwa bwite byerekeye gukoresha no gutangaza amakuru y'ubuzima bwanjye bwite hagamijwe ibikorwa by'ubuvuzi, hamwe no gutanga ubwishyu bwose bwatanzwe n'umwishingizi wavuzwe haruguru uburenganzira bugahabwa uwagatatu hamwe na serivisi ziteganyijwe hano.

Umukono: X _____ **Itariki:** _____

Umukono w'Umubyeyi/Umwishingizi ni ngombwa niba umwana atagejeje imyaka 18

Uruhushya rwo gutanga urukingo: Umukono wanjye kuri iyi fishi werekana ko nasabye ko urukingo rwagaragajwe hepfo nduhabwa cyangwa rugahabwa uwo nishingiye n'umukozi wa Indiana Immunization Coalition (IIC). Nkuye kuri uwagatatu, umufatanyabikorwa wa uwagatatu (IIC), umuntu uyihagarariye ndetse n'umukozi ukwirengera ingaruka zose zishobora kubaho. Ntanze ntacyo ngendeyeho kandi bidasubirwaho uburenganzira ubwo ari bwo bwose bwo kuburanishwa n'abacamanza, ku buryo bwemewe n'amategeko, ku kirego icyo ari cyo cyose cyangwa igikorwa cyaturutse kuri iyi serivisi, kandi ko ikirego icyo ari cyo cyose cyangwa igikorwa kizagenwa gusa ku muntu ku giti cye binyuze mu bukemurampaka hakurikijwe amategeko y'ubukemurampaka bw'ubucuruzi bw'ishyirahamwe ry'Abanyamerika rishinzwe ubukemurampaka. Yaba njye cyangwa IIC cyangwa uwagatatu, nta burenganzira dufite bwo kwishyira hamwe cyangwa guhuriza hamwe ibirego mu bukemurampaka duhuza cyangwa turega abandi bantu cyangwa ibigo, cyangwa gukemura ikibazo icyo ari cyo cyose nk'umunyamuryango uhagarariye itsinda cyangwa mu bushobozi bwigenga bw'umunyamategeko rusange. Ku bijyanye n'impanuka zo mu kazi, IIC ifite uruhushya rw'umurwayi rwo gupima amaraso ku murwayi n'umutekano w'umukozi mu buryo bumwe.

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Nasomye cyangwa nasobanuriwe amakuru avuye mu itangazo ry'amakuru y'inkingo kandi nsobanukirwa ingaruka (harimo n'ingaruka mbi) ndetse n'inyungu z'urukingo/inkingo. Niba ntangze urundi uruhushya, mfite uburenganzira bwemewe, bushingiye ku isano mfitanye n'uwo muntu wavuze haruguru, kwemera itangwa ry'uru rukingo/izi nkingo.

Nemeye ubwanjye/umwana wanjye gukingirwa inkingo zose zisabwa ziteganijwe muri iki gihe. Niba nshaka kwanga urukingo runaka, ubwo nzahamagara 317-628-7116 cyangwa nohereze imeyiri kuri: clinic@vaccinateindiana.org

Inkingo zishobora gutangwa hashingiwe ku nyandiko z'ikingirwa zawe/ z'umwana wawe: Urukingo rw'akaniga, tetanosi na kokorishi, Hepatite A, Hepatite B, ibicurane bya Haemophilus byo mu bwoko bwa b (HiB), virusi ifata abantu ya Papilloma (HPV), ibicurane, MMR, Mugiga, Imbasa, Umusonga, Impiswi, Ibihara, RSV, Zona na/cyangwa Covid-19, RSV.

Umukono: X _____ Itariki: _____

Umukono w'Umubyeyi/Umwishingizi ni ngombwa niba umwana atagejeje imyaka 18

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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: _____

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