Hakha Chin

Indiana Immunization Coalition (IIC) – Registration and Consent Form

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

Raise Sii Chunh Liomi Hna caah atanglei hna hi phi hna :

MIZAW Min: MIN HMASA_____ MIN LAI_____ MIN HMANUNG_____

Chuah Nithla: ___/_____/_____ Kum: _____ Nu/Pa sinak: □ N □ P Miphun: □ Hispanic/Latino □ Hispanic/Latino asi lomi

Miphun: (Adikmi dihlak kha chek) □ American Indian/Alaskan Chuak □ Asian □ Vunnaak □Hawaiian/Pacific Islander Chuak □ Vunraang □ Hngalh lomi

Fhone Nambar (_____) _____- _____ Email address: _____

Umnak Hmun: _____ Khuapi: _____ Ramkulh: _____ Zip: _____

Hringtu/Zohkhenhtu Min Dihlak:_____

Aamahkhannak Sining (Kuang kha chek)

□ **AMAHKHANNAK NGEIH LOMI**

□ **MEDICAID/SILEI BAWMHNAK** □ HHW □ HCC □ HIP □ CHIP

Company: _____Medicaid/Silei Bawmhnak #: _____□ Hngalh lo

□ **PUMPAK asiloah CHAWLEHNAK AMAHKHANNAK (MEDICAID ASI LOMI)**

Amahkhannak Company: _____ Amahkhan Polasi ID: _____Bu # (pakhat khat adik ahcun): _____

Polasi Tlaitu Min: _____ Polasi Tlaitu Chuah Nithla: ____/____/____ Polasi Tlaitu le Hringtu Pehtlaihnak: _____

Raise Sii Chunhmi Hna caah Biahalnak Hna:

	ASi	ASi LO
1. Raise sii chunh ding mi cu nihin ah a zaw maw? A zawt ahcun, zawtnak langhnak hna cu zei hna dah an si?	□	□
2. Raise sii chunhding mi nih sii, edin, raise sii cawhmi asiloah thingtling hna he ralkahnak hna a ngei maw? A ngei ahcun zaangfahtein cazin ah tial hna:	□	□
3. Raise sii chunhding mi nih aluancia caan ah raise sii chunhnak ruangah a chuak mi lehnak/temtuarnak fak a ngei maw? A ngeih ahcun, zaangfahtein fianter/langhter hna:	□	□
4. Raise sii chunhding mi nih Guillian-Barre Syndrome (GBS) a ngei bal maw?	□	□
5. Raise sii chunhding mi nih ngandamnak lei he pehtlai in lung zawtnak, cuap lei zawtnak, khuhhrin zawtnak, kal lei zawtnak, pum nih a hman ti lomi ti/hang chuahning thatlonak lei zawtnak (bianabia ah, zun thlum zawtnak), thider zawtnak, asiloah adang thisen ningcang in um lonak hna tibantuk caan sau zawtnak/harnak a ngei maw?	□	□
6. Raise sii chunhding mi nih cancer zawtnak, titsa, thlek ah thikhal zawtnak (leukemia), AIDS asiloah adang zawtkhamhnak ah harnak a ngei maw?	□	□
7. Raise sii chunhding mi nih cortison, prednisone, adang steroid hna, cancer dohnak sii hna a chun/ ding bal hna maw asiloah cancer caah x-ray in tlopbulnak hna a ngei bal maw?	□	□
8. Raise sii chunh ding mi nih tlaihchuhnak/hnuhdawh, thluak, asiloah adang thinphannak lei harnak a ngei bal maw?	□	□
9. Raise sii chunhding mi cu kuak zu asi maw?	□	□
10. Aluancia caan ah, raise sii chunhding mi nih thi ronhnak asiloah thi chuahnak hna a ngei maw asiloah immune (gamma) globulin timi sii pek asi bal maw?	□	□
11. Nu hna caah: Raise sii chunhding mi cu naupawi liomi asi maw asiloah hmai thla chungah nau pawiding dirhmun ah a dirmi asi maw?	□	□
12. Raise sii chunhding mi cu aluancia zarh 4 chungah raise sii pakhat khat chunh a rak si maw?	□	□

A tangleii minthut in, keimah asiloah ka fa pumpak ngandamnak kawnglam kha ngandamnak lei zohkhenhnak rianttuannak caah, rianttuannak chiahmi ca VaxCare sinah acunglei cazin i amahkhannak petu sinin peknak tuan dingmi he hman le phuan ding ah ka hna a tla.

Minthut: X_____ **Nithla:** _____

Kum 18 tang asi ahcun, Hringtu/Zohkhenhtu minthut a herh

Hunphenhmi Ngandamnak Konglam & Halnak hna Tuan Dingmi caah Hnatlaknak: Keimah pumpak ngandamnak konglam kha ngandamnak lei zohkhenhnak rianttuannak hna caah hman le phuannak kongah Pumpak Tuahtuanmi hna Theihternak hmuhnak kha, hika ah riantuannak saupi ruahnak he VaxCare komhmi acunglei cazin i amahkhannak petu sinin peknak tuan dingmi he ka hngalh i ka hnatla.Raise Sii Hnatlaknak: Hi sohluah i minthutnak nih atanglei hmuhsakmi raise sii kha VaxCare aiawhtu nih keimah cu chunh dingin keimah nih a siloah ka fa nih kan hal cang timmi a hmuhsak. VaxCare he rian a hrawmmi, sii petu hna le riantuantu hna cu a hung um khomi lehrulhnak hna ah ttuanvo ngei lo dingin ka hnatla. Phunglami nih nawl a pekmi a tambik in, halnak, cawlcanghnak rian sinin a chuakmi asiloah a pehtlaihmi caah, Biaceihtubu hna nih taza cuainak dingah covo cu a zeizei ti loin le letthan khawh ti loin ka ngol piak hna i cu bantuk halnak, cawlcanghnak cu pumpak ningcang lawnglawng in remnak sertu sinin America Remnak Sernak a komhmi Bu i Chawlehnak Remnak Sernak Phung hna ning zulh in bia khiah a si lai.

Keimah asiloah VaxCare nih remnak sernak i halmi pumpak dang peh asiloah thil poahpoah hna cungah doh in um awnh asi lai lo, asiloah bu pakhat i aiawhtu chungtel sinak in asiloah pumpak sihni tuan khawhnak ah ka tuan kho lai lo. Rian le langhternak/phozarnak a cangmi a um ahcun, VaxCare nih mizaw le rianttuantu himnak hna a khat in thisen hneksaknak caah mizaw nawlpeknak a ngeih. Raise Sii Konglam Chimmi Ca(hna) sinin thil kong cu ka rel asiloah ka sinah fianter asi i raise sii he pehtlai in ton sual khawhmi hna (harnak ton khawhmi lehrulhnak telhchih in) le a thathnemnak hna kha ka hngalh. Adang caah ka hnatlak ahcun, a cungleii pumpak hmuhsakmi he kan i pehtlaihnak hngatchan in, hi raise sii peknak ah hnatlak dingah phunglei nawlpeknak ka ngei.

Keimah/ ka fa cu atu caan ah a cu cangmi atha timi raise sii chunh dingah **ka hnatla**. Cu set kha set timi raise sii al ka duh ahcun, 317-628-7116 kha ka chawnh lai i asiloah email in ka kuat lai: clinic@vaccinateindiana.org Nangmah/na fa raise sii chunhnak tialkhumhnak ah hrambunh in hman khawhmi Riase Sii hna: DTaP, Tdap, Hepatitis A, Hepatitis B, HIB, Polio, Rotavirus, Pneumococcal, Influenza, MMR, Human Papilloma Virus, Meningitis, Varicella, RSV

Minthut: X_____ **Nithla:**_____

Kum 18 tang asi ahcun, Hringtu/Zohkhenhtu minthut a herh

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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: _____

Revised 2/20/2024