Dawt mi [SCHOOL NAME] chungkhar hna,  
   
[CLINIC DATE] ni sianginn kai caan chung ah, siangngakchia a duh mi nih raikhamsi an i chunh khawh nakhnga Indiana Immunization Coalition (IIC) cu [LOCATION] ah an ra lai. Dawnkhaantu hlipphuak in na sin ah raikhamsi kan in put.

Fale raikhamsi chunh a duh mi nih a tanglei QR code asiloah minpeknak link ah hin an min khumh ding a si lai.



Online min khumhnak: **patients.vaxcare.com/registration.**

Min cazin: IN65942

Hi kong he pehtlai in holh phun dang na herh asiloah min khumhnak ah bawmh na herh ahcun [PHONE # OR EMAIL] ah sianginn rak pehtlai te sawh hna.

Hi sekhan ah min aa pe mi siangngakchia hna cu ACIP nih chunh ding tiah forhfial mi raikhamsi chung in chunh a cu mi dihlak in chunh an si lai, khi nicaan a phak tiang ah. Cu chung ah aa tel ding cu kum 9 in chunh ot mi HPV raikhamsi, influenza (September in April tiang) le kum 16 ah chunh mi Meningitis B. Zei bantuk raikhamsi dah chunh a cu cang ti mi hngalh khawh ding ah IIC nih nan fale raikhamsi chunhnak tuanbia an zawt lai. Na fa ca ah forhfial mi raikhamsi chunh ding kong hngalh deuh na duh ahcun [CDC Recommended Immunization Schedule for Children and Adolescents](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) hi rak zoh te.

\* Pakhatkhat ruang ah alhnialnak um ai kun [clinic@vaccinateindiana.org](mailto:clinic@vaccinateindiana.org) ah suimilam 48 a hlankan in email rak kua te.

Nulepa nih hrimhrim in nan hal dah ti lo ah cun IIC nih Covid raikhamsi thluan chunh a thawk lai lo, amah bel, aa chun cia mi an si ahcun Covid raikhamsi thluan cu lim lak in chunh a si lai. Na fa cu Covid raikhamsi thluan chunh thawk a si cang nain pehzulh in lim lak chunh na duh LO ahcun [clinic@vaccinateindiana.org](mailto:clinic@vaccinateindiana.org) ah suimilam 48 a hlankan in email rak kua te.

IIC nih insurance (commercial, Medicaid and Medicare) vialte a cohlan dih, cun insurance a ngei lo mi hna zong a lak in raikhamsi a chunh ṭhiam hna.

Hal awk um ai kun 317-628-7116 ah IIC rak pehtlai te sawh.

Kan i lawm,

[School Contact Name]