

**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  
 Phone Nambar (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_  
 Umnak Hmun: \_\_\_\_\_ Khuapi: \_\_\_\_\_ Ramkulh: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Hringtu/Zohkhenhtu Min Dihlak: \_\_\_\_\_

**Aamakhannak Sining (Kuang kha chek)**

☐ **AMAKHANNAK NGEIH LOMI**

☐ **MEDICAID/SILEI BAWMHNNAK**

☐ HHW ☐ HCC ☐ HIP ☐ CHIP

Company: \_\_\_\_\_ Medicaid/Silei Bawmhnnak #: \_\_\_\_\_ ☐ Hngalh lo

☐ **PUMPAK asiloah CHAWLEHNAK AMAKHANNAK (MEDICAID ASI LOMI)**

Amakhannak Company: \_\_\_\_\_ Amakhannak Polasi ID: \_\_\_\_\_ Bu # (pakhat khat adik ahcun): \_\_\_\_\_  
 Polasi Tlaitu Min: \_\_\_\_\_ Polasi Tlaitu Chuah Nithla: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Polasi Tlaitu le Hringtu Pehtlaihnnak: \_\_\_\_\_

**Raise Sii Chunhmi Hna caah Biahalnak Hna:**

**ASI ASI LO**

1. Raise sii chunh ding mi cu nihni ah a zaw maw? A zawt ahcun, zawtnak langhnak hna cu zei hna dah an si?	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
3. Raise sii chunhding mi nih aluancia caan ah raise sii chunhnnak ruangah a chuak mi lehnak/temtuarnak fak a ngei maw? A ngei ahcun, zaangfahtein fianter/langhter hna:	<input type="checkbox"/>	<input type="checkbox"/>
4. Raise sii chunhding mi nih Guillian-Barre Syndrome (GBS) a ngei bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
5. Raise sii chunhding mi nih ngandamnak lei he pehtlai in lung zawtnak, cuap lei zawtnak, khuhrin 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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Raise sii chunhding mi nih cancer zawtnak, titsa, thlek ah thikhal zawtnak (leukemia), AIDS asiloah adang zawtkhamhnak ah harnak a ngei maw?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8. Raise sii chunh ding mi nih tlaihchuhnnak/hnuhdawh, thluak, asiloah adang thinphannak lei harnak a ngei bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
9. Raise sii chunhding mi cu kuak zu asi maw?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
12. Raise sii chunhding mi cu aluancia zarh 4 chungah raise sii pakhat khat chunh a rak si maw?	<input type="checkbox"/>	<input type="checkbox"/>

A tanglei minthut in, keimah asiloah ka fa pumpak ngandamnak kawnglam kha ngandamnak lei zohkhenhnak rianttuannak caah, rianttuannak chiahmi ca VaxCare sinah acunglei cazin i amakhannak 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 hmuhnnak kha, hika ah rianttuannak saupi ruahnak he VaxCare komhmi acunglei cazin i amakhannak 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 cunglei pumpak hmuhsakmi he kan i pehtlaihnnak 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](mailto: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

CLINIC USE ONLY - Note any vaccine refusals next to vaccine name				
Vaccine	VIS	MANUFACTURER/LOT #/ EXP DATE	INJECTION SITE	ROUTE
<b>Dtap</b> 6 weeks - 6 years	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Dtap/IPV</b> 4 years - 6 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Dtap/Hep B/IPV</b> 6 weeks-6 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Dtap/Hib/IPV</b> 6 weeks - 4 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Dtap/IPV/Hib/HepB</b> 6 weeks - 4 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Hep A</b> <input type="checkbox"/> adult 19 yr and up <input type="checkbox"/> pediatric 1 yr - 18 yr	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Hep B (2 dose series)</b> 18 years and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Hep B (3 dose series)</b> <input type="checkbox"/> adult 20 yrs and up <input type="checkbox"/> pediatric Birth-19 yrs	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Hib</b> 6 weeks - 4 years	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>HPV</b> 9 yrs - 45 yrs	8/6/21		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>Influenza</b> 6 mos and up High Dose - 65yrs & up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>MCV4</b> 1st dose: 10-15 yrs 2nd dose: 16 and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>Men B</b> 16 yrs - 23 yrs Bexsero / Trumenba	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>MMR</b> 1 year - 64 years	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
<b>MMRV</b> 3 yrs - 12 yrs	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
<b>Pneumococcal</b> 6 weeks - 4 years 50 years and up	5/12/23		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM
<b>Polio</b> 6 weeks and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> IM <input type="checkbox"/> SC
<b>Rotavirus</b> 6 weeks - 8 mos.	10/15/21			<input type="checkbox"/> PO
<b>RSV</b> Infants - 19 mos. 60 yrs and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>Tdap</b> 7 years and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>Varicella</b> 1 year and up	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm <input type="checkbox"/> L thigh <input type="checkbox"/> R thigh	<input type="checkbox"/> SC
<b>Zoster</b> 50 yrs and up	2/4/22		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM
<b>COVID</b>	1/31/25		<input type="checkbox"/> L arm <input type="checkbox"/> R arm	<input type="checkbox"/> IM

VACCINATOR NAME AND CREDENTIALS: \_\_\_\_\_ DATE: \_\_\_\_\_