

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: _____ Ibinyazir 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'ubucuruza, cyangwa nyunganizi (BUTARI MEDICAID) Omekaho kopi y'ikarita ku ifishi niba bishoboka

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

Itsinda #: _____

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

Isano uwishingiye afitanye n'umurwayi: _____

Ibibazo by'ubuzima bibazwa ugiye guhabwa urukingo:

(no) (yes)

- | | |
|--|--|
| 1. Uyu muntu uwo muntu ararwaye? Niba ari yego, ni ibihe bimenyetso afite? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 2. Hari ubwivumbure bw'umubiri ubwo ari bwo bwose agira ku miti, ibiribwa, ibigize urukingo, cyangwa ibikoze muri latex? Vuga ubwivumbure bw'umubiri: | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 3. Uwo muntu yaba yarigeze agirwaho ingaruka ikomeye n'urukingo mu gihe cyashize? Niba ari yego, sobanura: | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 4. Uwo muntu yaba yarigeze kurwara icyorezo cya Guillian-Barre (GBS)? | <input type="checkbox"/> Oya <input type="checkbox"/> 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 ingirangango z'amaraso)? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 6. Uwo muntu arwaye kanseri, kanseri y'uduce two mu maraso, SIDA cyangwa ibindi bibazo byibasira ubudahangarwa bw'umubiri? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 7. Uwo muntu yigeze kugira ikibazo cyo kugagara, ubwonko, cyangwa icyibasira igice cy'ubwonko? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 8. Uwo muntu afata imiti ya cortisone, prednisone, indi miti ya steroids cyangwa ivura kanseri, cyangwa yahawe ubuvuzi bwa kanseri bukoresha imirasire? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 9. Ku bagore: Uwo muntu aratwite cyangwa hari amahirwe ko ashobora gutwita mu kwezi gukurikira? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 10. Uwo muntu anywa itabi cyangwa umwotsi urimo nikotine? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 11. Mu mwaka ushize, uwo muntu yaba yaratewe amaraso cyangwa ibikomoka ku maraso, cyangwa yahawe imiti yitwa immune (gamma) globuline? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |
| 12. Uwo muntu yaba yarahawe inkingo izo ari zo zose mu byumweru 4 bishize? | <input type="checkbox"/> Oya <input type="checkbox"/> Yego |

Inyandiko itanga uburenganzira

Uruhushya rwo gukoresha amakuru arinzwe y'ubuzima no gutanga ibirego: Nemereye kandi nemera ko nakiriye imenyeshya ry'ibikorwa bwite byerekeye gukoresha no gutangaza amakuru y'ubuzima bwanjye bwite hagamijwe ibikorwa by'ubuvuzi, hamwe no gutanga ubwishingyiriza 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 atageje 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 ukwiringera 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 bukumurampaka hakurikijwe amategeko y'ubukemurampaka bw'ubucuruza

bw'ishyirahamwe ry'Abanyamerika rishinzwe ubukemurampaka. Yaba nje cyangwa IIC cyangwa uwagatatu, nta burenganzira dufite bwo kwishyira hamwe cyangwa guhuriza hamwe ibirego mu bukumurampaka duhuza cyangwa turega abandi bantu cyangwa ibigo, cyangwa gukumura ikibazo icyo

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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.

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/Umwishyigizi ni ngombwa niba umwana atagejeje imyaka 18

CLINIC USE ONLY - Note any vaccine refusals next to vaccine name

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

VACCINATOR NAME AND CREDENTIALS: _____ DATE: _____