

Indiana Immunization Coalition (IIC) – Ndebanye aha na Akwukwọ Nkwenye

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

Dejuputa ndi a na-esonu maka onye ana-agba ogwu mgbochi orja:

Aha Njirimara Onye Orja: Aha Nke Mbu _____ Aha nke Abuo _____ Aha Nna: _____

Aha Ahogoro (ma oburu na odabara): _____ Aka Oru (ma oburu na odabara): _____

Akarà Ekwentị: (____) - _____ - _____ Ubochi Omumu: _____ / _____ / _____ Afọ ndu: _____

Okike (Enyere mgbe amuru onye): ☐ Nwanyị ☐ Nwoke Nnọchiaha: _____

Adreesi Nzipu ozi: _____ Obodo ukwu: _____ Steeti: _____ Koodu Nzipu: _____

Agburu: (Kanye ndi nile dabaranu) ☐ Ndi Amerika Indian/ Onye Alaskan ☐ Ndi Eshian ☐ Onye Ojii ☐ Onye Hawaii/Ndi bi n'Agwaetiti Pacific

☐ Onye Ocha ☐ Ndi ozọ _____

Agburu: ☐ Ndi Spen/Ndi Latin Amerika ☐ Abughi ndi Spen/Ndi Latin Amerika Aha Ndi nne na nna/Onye Nlekota n'ozuzu: _____

Maka umu akwukwo: Aha Ulo akwukwo: _____ Okwa Klas: _____

Onodu Inshoransi (Kaa igbe)

☐ ENWEGHI INSHORANSI

☐ MEDICAID ☐ HHW ☐ HCC ☐ HIP ☐ CHIP

Ulo oru: _____

Nomba Medicaid: _____

☐ MEDICARE

Nomba Medicare: _____

ID Onyeotu/Nomba Otù (ma oburu na odabara): _____

☐ INSHORANSI nke MMADU NWE maobu INSHORANSI MAKAA AZUMAHIA (ABUGHI MEDICAID) Tinye otu kaadi na fom ma o buru na o ga-ekwe omume

Ulo oru: _____ Iwu/ID Onyeotu: _____ Nomba Otù: _____

Aha Onyenwe Akwukwo Inshoransi: _____ Ubochi Amuru Onyenwe Akwukwo Inshoransi: ____/____/____

Mmekorita di n'etiti Onyenwe Akwukwo Inshoransi na Onye Orja: _____

Ajupu Nyocha Ahuike maka Onye Ana-Agba Ogwu Mgbochi Orja:

(no) (Yes)

1. Ahu o na-arja gi taa?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
2. E nwere ogwu, nri, ihe ndi e jiri mee ogwu mgbochi orja, maobu latez obula ahu gi na-anaghi anabata? Biko deputa ihe ndi ahu na-anaghi anabata:	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
3. I nwetugo mmetuta na-adighi mma ka agbasiri gi ogwu mgbochi orja? O buru ee, biko kwaa:	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
4. I nwetwo Orja Nkunu Akwara (GBS)?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
5. I nwere nsogbu orja obi, akpa ume maobu orja akuru, orja nsogbu mgbari nri n'ahu (ihe atu orja shuga) maobu orja obara ndi ozọ (ihe atu orja nsogbu mkpuko obara, orja sickle cell) na-adighi ala ala?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
6. I nwere orja kansa, orja kansa obara, Orja o biri n'Aja Ocha maobu ihe o bula ozọ metutara usoro ahu ji aluso orja ogu?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
7. I nwetwo orja akwukwu maobu orja nsogbu uburu maobu orja nsogbu akwara ndi ozọ?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
8. I na-ahụ ogwu cortisone, prednisone, ogwu ndi ozọ nwere steroid maobu ogwu mgbochi orja kansa, maobu natawo ogwugwo x-ray maka kansa?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
9. Maka umunwanyị - onye ahu o di ime maobu ha e nwere ike ituru ime n'ime onwa ozọ n'abianu?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
10. I na-ese siga maobu see na ngwa elètrōnikị e ji ekuru anwuru oku siga? E nwetula mgbe i sere siga maobu see na ngwa elètrōnikị e ji ekuru anwuru oku siga?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
11. N'ime afọ gara aga, aminyela gi obara maobu ihe ndi e si n'obara nweta, maobu nye gi ogwu na-egbochi orja nke ana-akpo (gamma) globulin maobu ogwu na-egbochi orja nje?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee
12. Agbaala gi ogwu mgbochi orja obula n'ime izu 4 gara aga?	<input type="checkbox"/> Mba <input type="checkbox"/> Ee

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Okwu Nkwenye

Nkwenye maka Iji Ozi Ahuike Njirimara Onwe Onye Echedoro na Nkwenye Nnabata: Ana m ekwenye ma kweta nnata Nziokwa ozi Nzuzo Ihe omume ndi gbasara iji ma na ekpughe ozi ahuike nke onwe onye n'hi iji ya eme nlekota ahuike, yana nkenye ego nile akwurur sitere n'aka ulo oru inshoqransi nke edeputara n'elu nye ulo oru na-anata ugwo nke jikotara oru enyemaka ndi ana-atughari uche ebe a.

***Mbinye aka: X**

Deeti:

Achoro mbinye aka Ndi nne na nna/Onye Nlekota ma oburu na erubeghi afọ 18

Nnara Ilike Igba Ogwu Mgbochi: Mbinye aka m di na fom a na-egosi na arila m ka agba m ogwu mgbochi orja nke egosiputara n'okpuru maobu ka agbaa onye dabere na-enyemaka m site n'aka onye nnochianya ulo oru Njikọ aka Igba Ogwu mgbochi orja Indiana (IIC). Ana m atughapu ulo oru na-agba ugwo, ndi IIC, onye na-agba ogwu nakwa ndi oru maka oghom obula nke mmetuta ojoo obula nwere ike idaputa. Ana m agbahapu ikike inu ikpe obula sitere n'aka ndi otu ikpe, n'uzo na-enweghi iwu onodu obula na nke ana-apughu igbanwe agbanwe, ruo na ogo kacha elu nke iwu na-anabata, maka ihe obula ana-ana maobu ihe na-esite na ya aputa maobu nke metutara oru enyemaka a, nakwa na-aga eme mkpebi udi ihe obula ana-akwu maobu ihe obula di otu ahụ naanji n'otu site n'usoro ndozi okwu dika otu Iwu Ndozi Okwu Site N'aka Onye ozu, na nke Otu na-ahu maka Mkpezi Okwu na Amerika siri wee di.

A gaghị enye ma mu ma ndi IIC maobu ndi otu ozu na-agba ugwo ikike isonye maobu jikota ihe ana-ana na ndozi okwu, sitere n'aka maobu megide ndi ozu maobu ndi ulo oru, maobu kpezie ihe obula ana-ana dika onye nnochianya otu okwa maobu etu ikike okaikpe ukwu nkeonwe si di. N'ihe banyere ibanye n'ihe ize ndu n'ebe oru, ndi IIC nwere nnata ikikere n'aka onye orja maka nyocha obara, maka nchekwa onye orja na ndi ewere n'oru.

Agbala m maobu kowaara m ozi sitere na Akwukwọ Nkwuputa Uru na Ihe Ize Ndu di na Ogwu Mgbochi Orja ma ghota ihe ize ndu di na ya (gunyere mmetuta na-adighi mma) na uru ogwu mgbochi orja bara. Oburu na j na-ekwenye maka onye ozu, e nwere m ikikere iwu, dika etu mmeorita mu na onye ahụ siri wee di nke edeputara n'elu, ikwenye na ogbugba ogwu mgbochi orja a.

E kwenye m ka agba mu 'onwe m/nwa m ogwu mgbochi orja ya na ogwu mgbochi orja nile e mere nkwado ka agbaa nke ekwesiri ka agbaa n'oge a. Oburu na m chorọ iju

igba ogwu mgbochi orja obula , m ga-akpo 317-628-7116, ziga ozi-e: clinic@vaccinateindiana.org maobu soro ndi dokita na-agwo ndi orja n'ulogwu kparita.

Ogwu mgbochi orja e nwere ike igba dabere na ndeko ogwu mgbochi orja gi/nke nwa gi: DTaP/Tdap, Ogwu Iba Ocha n'anya A, Ogwu Iba Ocha n'anya B, Orja Haemophilus influenzae nke b (HiB), Orja Nje Akpukpa n'onu ahụ (HPV), Orja oke Ahu Oku Influenza, MMR, Orja Uwaja ana-akpo Meningitis, orja mkponwu ukwu polio, Orja oyi Iba n'ahu, Orja Afọ Osisa, Orja Nje Iku Ume (RSV), Orja Kitikpa, Orja Herpes, na/maobu Orja Covid-19.

***Mbinye aka: X**

Deeti:

Achoro mbinye aka Ndi nne na nna/Onye Nlekota ma oburu na erubeghi afọ 18

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

Vaccine	VIS	MANUFACTURER/LOT #/ EXP DATE	INJECTION SITE	ROUTE
Dtap 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



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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: _____