

A Bayar Da Wafannan Bayanan Na Mutumin da ake Yi wa Allurar Riga-Kafi:

Sunan Mara Lafiya: Sunan Farko _____ Suna Na Biyu _____ Sunan Karshe _____

Ranar Haihuwa: _____ / _____ / _____ Shekaru: _____ Jinsi: ☐ MA ☐ Mi

kabilanci: ☐ Mai Alaka da Sifaniyanci/Latiniyanci ☐ Mara Alaka Da Sifaniyanci/Latiniyanci

Jinsi: (A zabi wanda ya dace) ☐ Ba'indiyen Amurka /Dan Alaska ☐ Mutumin Asiya ☐ Baki ☐ Dan Asalin Hawaii/Dan Tsibitin Pacific ☐ Fari
☐ Ba A Sani Ba

Lambar Waya (_____) - _____ Adiresin Imel: _____

Adiresin aikawasiku : _____ Birni: _____ Jiha: _____ Lambar: akwatin gidan waya _____

Sunan Iyaye/Wakili: _____

Matsayin Inshora (A zabi wanda ya dace)

☐ **BABU INSHORA**

☐ **MEDIKEID**

☐ HHW ☐ HCC ☐ HIP ☐ CHIP

Kamfani: _____ Medikeid #: _____ ☐ Ba a sani ba

☐ **INSHORA MAI ZAMAN KANSA ko TA KASUWAANCI (MEDIKEID BA)**

Kamfanin Inshora: _____ Lambar Inshora: _____ Rukuni # _____ (idan akwai):

Sunan Mai Inshora: _____ Ranar Haihuwar Mai Inshora: _____ / _____ / _____

Dangantakar Mai Inshora Da Mara Lafiya: _____

Tambayoyi ga Wanda ake Yiwa Riga-Kafi:

No Yes

1. Shin wanda za a yi wa riga-kafin ba shi da lafiya ne a yau? Idan haka ne, menene alamun su?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
2. Shin yanayin jikin mara lafiyar yana bijirewa wani nau'i na magani, ko abinci, ko wani riga-kafi ko wani abu mai ruwa-ruwa? A fadi irin alamun bijirewar:	a'a <input type="checkbox"/> eh <input type="checkbox"/>
3. Shin yanayin jikin mara lafiyar ya taba nuna wata tsananin alama saboda wani riga-kafi da aka yi masa/mata a baya? Idann haka ne, a yi bayanin ta:	a'a <input type="checkbox"/> eh <input type="checkbox"/>
4. Shin wanda za a yiwa riga-kafin ya/ta taba nuna alamar ciwon da garkuwar jiki ke fada da hanyoyin jini, wato -Barre Syndrome (GBS)?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
5. Shin wanda za a yiwa riga-kafin yana/tana da wata doguwar larura ta ciwon zuciya, ko ta huhu, ko ta asma, ko ta koda, ko ta ciwon sikari, ko ta karancin jini, ko wata cuta da ta shafi jini?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
6. Shin wanda za a yiwa riga-kafin yana/tana da cutar sankarar jini, ko cuta mai karya garkuwar jiki, ko wata cuta da ta shafi garkuwar jiki?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
7. Shin wanda za a yiwa riga-kafin yana/tana shan <i>cortisone</i> , ko <i>prednisone</i> , ko maganin kumburi, ko wani maganin sankarar jini, ko an taba yi masa/mata magani ta hanyar daukar hoto don cutar sankarar jini	a'a <input type="checkbox"/> eh <input type="checkbox"/>
8. Shin wanda za a yiwa riga-kafin ya/ta taba suma, ko samun matsalar kwakwalwa, ko firgita?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
9. Shin wanda za a yiwa riga-kafin yana/tana shan taba?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
10. Shin an taba sa wa wanda za a yiwa riga-kafin jini ko kayan jinni nan da shekara daya baya, i, ko an taba ba shi/ta magani mai suna <i>immune (gamma) globulin</i> ?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
11. Na mata ne: Shin wanda za a yiwa riga-kafin tana da ciki, ko kuwa akwai damar da za su iyasamun ciki a wata mai zuwa?	a'a <input type="checkbox"/> eh <input type="checkbox"/>
12. Shin mutumin da za'a yiwa rigakafin ya samu wani rigakafin a makonni 4 da suka gabata?	a'a <input type="checkbox"/> eh <input type="checkbox"/>

Amincewa Don A Yi Amfani Da Bayanan Lafiya Na Sirri Da Na Neman Hakki: Na amince na kuma nuna ina sane da cewa na sami sanarwa Nusarwa Ta Wani Aiki Na Sirri a kan amfani da kuma fadar bayanana lafiyata don ayyukan kula da lafiya, tare da karbar duk wani biya daga kamfanin inshora da aka ambata a bisa a miƙa zuwa ga *biller na bangare na uku* wanda suna da alaƙa da ayyukan da aka ambata a nan.

Sa Hannu: _____**Kwanan Wata:** _____

Ana buƙatar sa hannun iyaye ko waƙili da wanda bai ka shekara 18 ba

Bayar Da Izinin Riga-Kafi: Sa hannun da na yi a wannan takardan yana nuna cewan na nemi a ba ni da ma waɗanda suke karkashina wannan rika-kafin da aka ambata a kasa, , wanda wani waƙilin *biller na bangare na uku* zai bamu . Na kuma wanke *biller na bangare na uku*, da duk wani abokin aikin *biller na bangare na uku*, da kuma wanda zai yi allurar riga-kafin ko wani wasu abokan aikinsu, daga dukkan wani abu da ka iya faruwa. Na kuma wanke kowa, ba tare da wani sharadi ba, daga tuhuma a kotu, ko ma wani abu da ya shafi doka, daga neman wani hakki da ke iya tasowa daga sakamakon riga-kafin, sannan kuma duk wani hakki ko mataki da za a iya dauka, za a yi shi ne bisa daidaiƙun mutane , ta hanyar yin sulhu bisa ka'idojin Sulhu na Kungiyar Sulhunta Ta Amurka.

Ni ko *biller na bangare na uku* ba za mu shiga ko karfafa harkar neman wani hakki ta sulhu tsakanin mutane ko kungiyoyi ba, ko mu yi sulhu a matsayin waƙilai a matakinmu na daidaiƙu ko ta ofishin wani mai shara'a ba. Dangane kuma da abin da ya shafi harkar tafiyar da aik, *biller na bangare na uku* sun sami amincewar mara lafiyar da a yi gwajin jinisa/ta don kariya gare shi/ta da ta ma'aikata.

Na karanta ko kuma an bayyana min bayanin da ke tattare da riga-kafin, kuma na fahinci hadarin da ke tattare da ita (har da abin zan iya biƙirowa) da kuma amfanin ta. In kuma amincewar wani nake nunawa, ina da iko a hukumance, duba da irin dangantakar da ke tsakanina da wanda aka ambata a bisa, na amincewa da a yi wannan riga-kafin.

□ **Na amince** a kan kaina/dana/yata da za a yiwa wannan riga-kafi, tare da duk rigakafin da aka ba da shawara a wannan lokacin . Idan zan ki amincewa da wani takamaiman riga-kafin, to zan kira **317-628-7116** ko na aika da sako ta wannan imel: clinic@vaccinateindiana.org riga-kafi za a duba da irin riga-kafin da bayaninka/ki/yaronka/yarinyarka ya nuna sune: *DTaP da Tdap da Hepatitis A da Hepatitis B da Hib da Polio da Rotavirus da Pneumococcal da Influenza da MMR da Human Papilloma Virus da Meningitis da kuma Varicella, RSV.*

□ **Sa hannun na'ura:** Ana amfani da sa hannun na'ura wajen adana bayanana lafiya don nuna amincewa a kan duk wani bayanin lafiya da za a shigar da shi ta na'ura ko wata hanya rubutacciya, da kuma bayanana da aka samo ta kwamfuta. Cike wannan wajen da kuma miƙa shi, bayan an sa suna da kwanan wata a kan wannan takardar, amince ta cewa zan sa hannu irin na na'ura, kuma zai yi aiki a dokance, bisa sharuda da ka'idojin da aka shimfida a wannan takarda. Tsarin *biller na bangare na uku* ne amincewa da sa hannu irin na na'ura a maimakon sa hannu na zahiri. Wannan bayanin yana aiki bisa wani tsari amintacce, wanda ya tabbatar da kariyar ga tsarin, da kuma takaita hadarin abin da za a yi ba tare da neman amincewa ba, ta fuskar tsare-tsare da amfani da shi da kuma samun kai wa ga bayanin lafiya da aka adana ta na'ura.

Sa Hannu: _____**Kwanan Wata:** _____

Ana buƙatar sa hannun iyaye ko waƙili da wanda bai ka shekara 18 ba

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
Dtap/IPV 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
Dtap/Hep B/IPV 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
Dtap/Hib/IPV 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
Dtap/IPV/Hib/HepB 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
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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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"/> R arm <input type="checkbox"/> L thigh <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: _____