

Indiana Immunization Coalition (IIC) – Peba in Kadeloñ Āt im Lelok Kōmelim

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

Kanne melele ko laajrak ñan armij eo ej wā:

Etan Rinañinmij ilo Peba in Kakien: First _____ Middle _____ Last: _____

Āt eo ej kelet (elañe ekkar): _____ Jerbal (elañe ekkar): _____

in Talebon: (____) - _____ - _____ Raan in Lotak: ____/____/____ Jete an liō: _____

Kora ak Emmaan (emōj kalikar ilo ien an lotak): ☐ Kora ☐ Emmaan

Atorej in Mael: _____ City: _____ State: _____ ZIP Code: _____

Armij rōt: (Kakōlle aoleb ekkar) ☐ American Indian/Alaskan Native ☐ Asian ☐ Rikilmej ☐ Native Hawaiian/Pacific Islander ☐ Ribelle

☐ Bar juon _____

Kumi in armij: ☐ Hispanic/Latino ☐ Ejab Hispanic/Latino Aoleben etan Jinen ak Jemen/Rikejbarok: _____

Ñan rijikuul ro: Etan Jikuul: _____ Kilaaj Jete: _____

Injuran Rōt (Kakōlle bok)

☐ EJELLOK INJURAN

☐ MEDICAID ☐ HHW ☐ HCC ☐ HIP ☐ CHIP

Kombani: _____

Medicaid #: _____

☐ MEDICARE

Medicare #: _____

ID an Memba / # an Kumi (elañe ekkar): _____

☐ INJURAN EJAB AN KIEN AK INJURAN EO EJ WIA (EJAB MEDICAID) Likūt juon kabe in kaat eo ñan peba elañe kwōmaron

Kombani: _____ Kakien/ID an Memba: _____ # an Kumi: _____

Etan Armij eo an Injuran eo: _____ Raan in Lotak an Armij eo an Injuran eo: ____/____/____

Kadkad eo an Armij eo an Injuran ñan Rinañinmij eo: _____

Kajjitōk ko ñan Kakōlkōl Nañinmij ibben Armij eo ej Wā:

1. Kwōnañinmij ke rainnin?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
2. Ewōr ke jabdewōt abnōñ ñan wūno, mōñā, karre ilo wā, ak latex? Jouj im kōlaajrak etan aoleb abnōñ ko:	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
3. Emōj ke am kar ioone juon jorrāān kauwōtata ālikin am wā? Elañe aet, jouj im kōmelele:	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
4. Emōj ke an kar wōr am Guillain-Barre Syndrome (Nañinmij eo ej jelōt nōb, GBS)?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
5. Ewōr ke am nañinmij iomwin ien aitok ilo menono, ār, ak nañinmij in kitini, nañinmij in enbwin (einwōt tōñal) ak jorrāān ko jet ilo bōtōktōk (einwōt mekak ilo bōtōktōk, sickle cell (ñañinmij in bōtōktōk)?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
6. Ewōr ke am kanjer, leukemia, AIDS ak jabdewōt abnōñ ko jet kin wāween an enbwin bōbrae jen nañinmij?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
7. Ewōr ke am nañinmij in dibbubub ak kōmelij ak jorrāān ko jet ilo nōb?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
8. Kwōj ke bōk wūno kein cortisone, prednisone, ak steroid ko jet ak wūno in manman kanjer, ak emōj ke kar lewaj jibañ in kōmadmōd kin x-ray ñan kanjer?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
9. Ñan kora – armij eo ebōroko ke ak emaron ke bōroko ilolan allōñ eo juon ej beddo tok?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
10. Kwōj ke kōbaatat jikka ak vape? Emōj ke am kar kōbaatat jikka ak vape?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
11. Iloan iō eo emootlok, emōj ke am kar ebōk bōtōktōk ak mōttan bōtōktōk ko, ak emōj ke kar lewaj juon kein jibañ an enbwin bōbrae jen nañinmij (gamma) globulin ak juon wūno in manman nañinmij?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet
12. Emōj ke am kar bōk jabdewōt wā ilolan wiik ko 4 remootlok?	<input type="checkbox"/> Jab <input type="checkbox"/> Aet

Peba in Kamool ñan Lelok Kōmelim

Lelok Kōmelim ñan Kōjberbal Melele in Nañinmij ko rej Kejbarok aer Jab Diwōjlok & Lelok Claim: Ij lelok kōmelim im kwalok ijin aō kar loe peba eo kin Kōjella kin wāween Kejbarok im Kōmadmōd Melele ko an Rinañinmij ikijen wāween kōjberbal im kwalok melele in nañinmij ko aō make ñan jermal ko ikijen jibañ in ejmour, koba ñan lelok aoleb kolla jen jikin injuran eo emōj likūt etan ijin lōñ ñan pade eo kein kajilu ej koba ibben jermal in jibañ ko emōj kalikar ijin.

***Jain in etam: X _____ Raan _____**

Jain in etan Jinen ak Jemen/Rikejbarok aikuj elañe edik jen 18 an iō

Kōmelim Wā: Jain in etta ilo peba in ej kalikar ke emōj aō kajjitōk aer letok wā eo ñan na ñe ejab armij eo ij bōk eddoin im lale jen armij eo ej jutak ikijen Indiana Immunization Coalition (Doulul in Wā eo an Indiana, IIC). Ij jolok jabdewōt eddo ñan pade eo kein kajilu ej letok wonnen, IIC, im armij eo ej letok wā eo jen jabdewōt abnōñ ko remaron walok jen wā in. Ij lukkun jela im ejellok kajjitōk ilo aō jolok maron eo aō ñan jabdewōt jermal in ekajet jen kumi in armij eo ej kōmman jemlok, ñan joñan eo elabtata emelim iomwin kakien, ñan jabdewōt claim ak kōmadmōd ej walok jen ak mōttan jermal in jibañ in, im ke jabdewōt claim ak kōmadmōd enaj wōt an juon ekkar ñan jermal in ekajet ekkar ñan Kakien in Kōmadmōd Ekajet ko an Bejne ekkar ñan American Arbitration Association (Doulul eo an Amedka ej bōk Eddoin Jimwe in Jerbal ilo Ien Ekajet). Na ak IIC ak pade eo kein kajilu ej kōmmane wonnen jermal ko enaj wōr an maron in koba ak kōjenolok claim ko an ien ekajet jen ibben ak nae kajojo armij ak jikin ko jet, ak roñjak im jumae jabdewōt claim einwōt juon eo ej memba in kilaaj ak jermal einwōt attorney general ejab an

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kien. Ilo wāween eo enaj kebaak nañinmij jen jebreal, ewōr an IIC kōmelim jen rinañinmij ñan teej bōtōktōk ñan kejbarok rinañinmij im rijerbal jimor.

Emōj aō riit ñe ejab emōj letok melele ñan na jen Peba in Kamool eo/ko kin Melele ko kin Wā im imelele ke uwōta ko (ekoba abnōnō ko remaron walok) im jibañ ko jen wā eo/ko. Elañe kwōj lelok kōmelim ikijen bar juon armij, ewōr aō maron iomwin kakien, ekkar ñan kadkad eo aō ñan armij eo emōj kalikar etan ijin lōñ, ñan lelok kōmelim ñan an bōk wā eo/ko.

Ij lelok kōmelim ñan aō/ajiri eo neju wā kin aoleb wā ko emōj rōjañ bōki ilo ien in. Ñe ikōnaan makoko in bōke jabdewōt jejjetin wā eo/ko, innem inaj kall ae 317-628-7116, email: clinic@vaccinateindiana.org ñe ejab kenono ibben ritel eo ej bed ilo jikin taktō eo.

Wā ko remaron lelok ekkar ñan peba in wā eo am/an ajiri eo nejum: DTaP/Tdap, Hepatitis A, Hepatitis B, Haemophilus influenzae type b (HiB), Human Papillomavirus (HPV), Influenza, MMR, Meningitis, Polio, Pneumonia, Rotavirus, Respiratory Syncytial Virus (RSV), Varicella, Zoster, im/ak Covid-19.

Jain in etam: X*Raan:***Jain in etan Jinen ak Jemen/Rikejbarok aikuj elañe edik jen 18 an iiō*



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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: _____