

# Rikoorka Lagala Socdo Talaalka Dadka Waayeyn

Fadlan buuxi oo saxiix foomkan. Haddii aadan u buuxin si dhamaystiran, waxaa lagu diidi karaa adeegyada talaalka. Foomkan waxaa lagu xafidi karaa faylkaaga/galkaaga caafimaadka (ama kan ilmahaaga). Warbixintani waa mid gaar ah cid kalena lala wadaagi mayo marka laga reebo hay'adaha caafimaadka, xarumaha xanaanada caruurta, iyo iskoolada si looga caawiyo samaynta adeegyada talaalka, hubinta in shuruudihii talaalka la fuliyay, iyo la socodka baahida talaalka si looga hortago cudurada. Hayadahan waxaa ka mid noqon kara Minnesota Department of Health (Waaxda Caafimaadka ee Minnesota); xirfadlayaal shati caafimaad leh sida dhakhaatiirta, kalkaaliyayaasha caafimaadka, barnaamijyada Head Start; hayadaha caafimaadka bulshada ee degmada; hayadaha waxqabadka jaaliyadda; iyo rugaha caafimaadka ee shatiga leh sida isbilaalada.

Warbixin ku Saabsan Qofka la Talaalayo (Fadlan daabac)																																								
Magaca: Awoowaha		Kowaad		Magaca dhexe xarafka hore																																				
Cinwaanka: Waddada		Magaalada	Degmada	State-ka W adada																																				
Taariikhda Dhalashada		Da'da	Lambarka Caymiska Caafimaadka Medicare (hadduu jiro)																																					
<table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Talaalada la siinayo:</td> <td><input type="checkbox"/> Hep A</td> <td><input type="checkbox"/> MMR</td> <td><u>Influenza:</u></td> <td><u>Pneumococcal:</u></td> <td><u>Meningococcal:</u></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hep B</td> <td><input type="checkbox"/> HPV</td> <td><input type="checkbox"/> IIV</td> <td><input type="checkbox"/> PPV23</td> <td><input type="checkbox"/> MCV4</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Polio</td> <td><input type="checkbox"/> Varicella</td> <td><input type="checkbox"/> LAIV</td> <td><input type="checkbox"/> PCV13</td> <td><input type="checkbox"/> MPSV4</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Td</td> <td><input type="checkbox"/> Herpes-zoster</td> <td></td> <td></td> <td><input type="checkbox"/> MenB</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tdap</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> kuwa kale:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Talaalada la siinayo:	<input type="checkbox"/> Hep A	<input type="checkbox"/> MMR	<u>Influenza:</u>	<u>Pneumococcal:</u>	<u>Meningococcal:</u>		<input type="checkbox"/> Hep B	<input type="checkbox"/> HPV	<input type="checkbox"/> IIV	<input type="checkbox"/> PPV23	<input type="checkbox"/> MCV4		<input type="checkbox"/> Polio	<input type="checkbox"/> Varicella	<input type="checkbox"/> LAIV	<input type="checkbox"/> PCV13	<input type="checkbox"/> MPSV4		<input type="checkbox"/> Td	<input type="checkbox"/> Herpes-zoster			<input type="checkbox"/> MenB		<input type="checkbox"/> Tdap						<input type="checkbox"/> kuwa kale:				
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<p><b>Waan akhriyay ama waa la ii macneeyay warqadda/waraaqaha sharaxada ee lagu magacaabo "Waxa aad u Baahantahay in aad Ogaato." Waxaa kale oo lagu magacaabaa "Warqadda Warbixinta Talaalka," kuna saabsan talaalada iyo cudurada kor ku xusan. Waxaan helay fursad aan su'aalo ku waydiiyo kuwasoo jawaab i qancisa la iga siiyay. Waan fahmay faa'idooyinka iyo halista ka imaan karta talaalka waxaan codsadayna in la talaalo aniga ama qofka magiciisu kor ku qoran yahay.</b></p> <p><b>Saxiixa qofka la talaalayo ama sharci ahaan qofka ka wakiilka ah ama qofka ka mas'uulka ah:</b></p> <p>X _____ Taariikh: _____</p>																																								

For Clinic/Office Use				
Clinic/office address:				
Date vaccine(s) administered:				
Vaccine type				
Manufacturer				
Lot number				
Site of injection/route				
Given by (initials*)				
Date on VIS				
Date VIS given				
*Signature and title of person(s) administering vaccine				
_____ _____				
Note to providers: Federal and Minnesota state law do <b>not</b> require signatures acknowledging receipt of vaccine information statements (VISs). However, to conform with your own agency policies, you may wish to use this form during clinics to record the signature of the vaccinee or authorized representative as well as NCVIA requirements.				