

Ogolaansho La wargeliyay ee Talaalka

Lab Dhedig

Magaca Saddexaad Magaca Koowaad Magaca Dhexe Taariikhda Dhalashada Da'da Jinsiga loo Aqoonsaday Markuu dhashay

Ciwaanka Guriga Magaalada Gobolka Lambarka boostada Taleefoon # Guriga Moobayl

Tallaalada la codsaday:

- Hargab COVID-19
- Burukiitada Isnadaamiska
- Cagaarshoowga B
- Teetannada/Jixdheerta
- RSV Cagaarshoowga A
- HPV Meningitis MMR
- Mid kale: _____

- Isirka:** Hisbaani ama Laatiin
 Aan ahayn Hisbaanik ama Laatiin
 Waan diidey in aan sheego (Ma garanayo)

Haddii uu ka yar yahay 66 bawn qor miisaanka: _____ Lbs.

- Isir:** Aasiyaan Hindida Maraykanka
 Dega Jasiiradaha Baasifiga
 Maraykanka Madow ama Afrikaanka
 Qooqqaasi ah Labba ama Ka badan Kale

Gacanteed ayaad doorbidsayaa in laga tallaalo? Bidix Midig
 Ciwaanka iimeeylka: _____

Magaca Adeeg Bixiyaha Daryeelka Aasaasiga ah: _____
 Taleefoon: _____ Ciwaan: _____

Bukaanada Medicare oo keliya: 4 god ee Ugu danbaysa lambarka Amaanka Bulshada (Social Security, SSN) _____
Aqoonsiga lambarka Medicare Qaybta B: _____

Su'aalaha Baaritaanka

	Haa	Maya
1. Miyaad jiran tahay maanta?	<input type="checkbox"/>	<input type="checkbox"/>
2. Miyaad wax xasaasiyad ah ku leedahay dawooyinka, cuntadda ama tallaalka? Haddii ay tahay haa, fadlan qor: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Waligaa xasaasiyad xun ma ka qaaday ama ma suuxday kadib markii lagu talaalay (tusaale Guillain-Barré Syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Haweenkana: Uur miyaad leedahay, naas nuujinaysaa ama miyaad ka fekeraysaa uur yeelashada bisha soo socota? Haddii aad uur leedahay, asbuuca uurkaagu ku jiro: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Tigsaar dhamaan meelaha ku Quseeya: <input type="checkbox"/> Neefta/Xanuunka sanbabada <input type="checkbox"/> Sonkorooow <input type="checkbox"/> Xanuunka wadnaha <input type="checkbox"/> Qof caba sigaarka tubaakada <input type="checkbox"/> Xanuunka qalalka/xanuunka maskaxda <input type="checkbox"/> Xanuunka kelyaha/kelyo sifeynta <input type="checkbox"/> Cudurka beerka <input type="checkbox"/> Asplenia <input type="checkbox"/> Laga saaray qanjirka Thymus ama dhibaato ku qabto qanjirkaaga thymus sida myasthenia gravis, DiGeorge syndrome, ama thymoma? (<i>xanuunka indho caseeyaha</i>) <input type="checkbox"/> Hadda ma qaadataa antibiyootig ama daawooyinka maleeriyada? (Tiifowuga afka keliya) <input type="checkbox"/> Ma soo martay xanuunka thrombocytopenia ama thrombocytopenia marmorata? (<i>MMR^{II} keliya</i>) <input type="checkbox"/> Daryeelka dadka dhimanaaya <input type="checkbox"/> Nidaamka difaaca jirka oo daciif ah (tusaale, kansarka, Fayraska, Difaaca Jirka (Human Immunodeficiency Virus, "HIV"), isnadaamiska taagan, daawooyinka steroids ee afka, daawooyinka kansarka ama fayraska, shubista dhiiga ama maadooyinka dhiiga, immune globulin, baxnaaninta shooacaaca) <input type="checkbox"/> Ma heshay wax talaal ah 4 asbuuc ee lasoo dhaafay? Hadday tahay haa, fadlan qor: _____		
6. Fadlan sheeg kan uu yahay tallaalka(lada) aad jeclaan lahayd inaad ka hesho macluumaad badan? <input type="checkbox"/> Cagaarshoowga A <input type="checkbox"/> MMR (Jadeeco, Qaamow-qashiir, Jadeeco Jarmalka) <input type="checkbox"/> Tallaalka Safarka <input type="checkbox"/> Tallaalka Carruurnimada <input type="checkbox"/> Mid kale: _____ <input type="checkbox"/> Aan la hubin: jeclaan lahaa qiimaynta la sameeyo faraqyada tallaalka suuragalka ah ama baahiyaha		

Baahiyaha Tallaalka

	Haa	Maya	Mahubo
7. Taariikhdiid ugu danbaysay: Talaalka Hargabka _____ Talaalka COVID-19 _____			
8. Weligaa ma qaadatay tallaalka OOF WAREENKA? Haddii ay tahay haa, goortee iyo nooc(yadee)? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bukaanada ka wayn 60 sano: Weligaa ma qaadatay tallaalka RSV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bukaanada ka wayn 49 sano ama difaacooda jirku liito: Weligaa ma qaadatay tallaalka ISNADAAMISKA/ Haddii sidaasi jirto, taariikhdkee: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bukaanada ka yar 66 sano ama Shaqaalaha daryeelka caafimaadka: Miyaad qaadatay tallaalka MMR (Jadeecada, Qaamow-qashiirka, Rubella)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Bukaanada ka yar 59 sano ama Shaqaalaha daryeelka caafimaadka: Miyaad qaadatay taxanaha tallaalka cagaarshoowga B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bukaanada ka yar 46: Miyaad qaadatay taxanaha tallaalka HPV (Fayraska keena burrooyinka sababa kansarka)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Bukaanada ka yar 43 sano: Miyaad qaadatay 2 kuurad ee talaalka varicella ("Busbuska")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Bukaanada jira da'da 11 ilaa 23: Miyaad qaadatay tallaalka maaninjaytiska ama qoorgooyaha?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Imisa sanadood ayay ahayd ilaa tallaalkaagii u dambeeyay ee TEETANADU?	_____ sano		<input type="checkbox"/>

Ogolaansho Faahfaahsan: Fadlan akhri oo saxee.

Saxee ayaga hoose, waxaan oggolaansha siinayaa qaadashada tallaalka(lada) farmashiilaha ama ardayga farmashiilaha ah ee la kormeero ama farsama yaqaanka, ama qofka kale ee loo oggol yahay, halka sharcigu oggolaado ama hagitaanka gobolka/federaalka, hawl-wadeenada la shaqeeya ama qandaraas ka qaata Shirkadaha Albertsons ama hal ka mid ah farmashiiyada la shaqeeya in laga la xiriiro lambarka sare wixii ku saabsan tallaalka kale kaas oo la filayo ama aan u qalmo inaan helo. Macluumaadka sare wax run waana sax. Waxaan caddaynayaa inaan buuxiyay heerka qiimaynta u qalmida ee tallaalka (haddii ay jiraan wax), haddii aan ahay waalidka/masuulka bukaanada da'da yar, waxaan caddaynayaa in bukaanaka yar uu buuxiyay heerka u qalmida tallaalka. Waxaan sidoo kale u shaaciyay Shirkadaha Albertsons iyo faracayadeeda, shirkadaha ku xidhan, saraakiisha, maamulayaasha, shaqaalaha, iyo wakiilada, ay ku jiraan falalka ka saarida ama shaqo, keenaya, ama ka soo baxaya marka aan qaato ama ilmaha yar oo qaata tallaalka. Waan fahmay: 1) Si aan khasab ahayn ayaan u doortay tallaalka. Haddii aan qaadanaayo talaalka Hargabka lana joogo kahor Sebteembar 1st, ama waxaan ahay waalid masuul ka ah ilmahaaga qaadanaaya talaalka, waxaan leeyahay uur ku jira seddexdi bilood ugu danbeeyay, ama ma awoodo inaan soo laabto taariikh danbe. 2) Waxaan u oggolaanayaa Shirkadaha Albertsons inay u gudbiyaan sheegashada qarashka iyagoo imetelaya Medicare ama lacag bixiyo kale oo qolo saddexaad ee qandaraaska haysta ah, uuna ku jiro shirkada aan u saheeyo haddii ay dhiibayaan qarashka talaalkayga si toos ah, haddii sheegashada la diido, waxaan fahmayaa inaan masuul ka noqonayoo qarashka; 3) Waxaan ku jiraa da'da sharciga ah waxaana la ii oggol yahay inaan fuliyo foomkaan oggolaanshaha ama aan ahay waalidka/masuulka bukaan ilmo ah. 4) Waxaan isla markiiba u digi doonaa farmashiilaha xaalado caafimaad oo kasta oo si ku lid ah u saamayn doona caafimaadkayga gaarka ah ama waxtarka tallaalka. 5) Waxaa talo la iga siiyay wax ku saabsan saamaynta xun ee suurragalka ah ka dib tallaalka, marka ay dhacaa, iyo marka iyo goobta aan ka raadinaayo daawayn. Waxaan masuul ka ahay la socodka dhakhtarkayga ah kharashkayga haddii aan la kulmo wax saamaynta xun ee dawada ah. 6) Waa inaan joogaa aaga wixii eegid ah ilaa 15 daqiiqo, iyadoo aan leeyahay taariikhda fal celinta xasaasiyada degdega ah ee darmaasho kale oo tallaalka ah ama daawaynta la isku muddo mooyaane ama haddii aan leeyahay taariikhda xasaasiyada qaniinyada ay keento sabab kasta, waa inaan joogaa aaga wixii ah eegida 30 daqiiqo ah ka dib tallaalka. Haddii aan ka tago aagan anoon sugin, waxaan qirayaa inaan sidaas samaynayoo iyadoo khatartayda ah iyo ku lid ah talada xirfad yaqaanka bixiyay tallaalka. 7) Waxaan akhriyay, ama la ii akhriyay aniga, Warbixinta(ha) Macluumaadka Tallaalka (Vaccine Information Statement(s), "VIS") ama Ogolaanshaha Isticmaalka Gurmadda (Emergency Use Authorization, "EUA") la isiiyay wixii ah tallaalka(ada) la qaadanayo. Waxaan helay fursada aan su'aalo kuwaydiyay, iyo dhamaan su'aalaha waxaa lagaga jawaabay qanacayga. Waxaan fahmayaa faa'iidooyinka iyo khataraha tallaalka(ada). 8) Waxaa la iisiiyay iyo/ama la isiiyay koobiga Ogaysiiska Dhaqamada Gaar ahaanshaha shirkada si waafaqsan Caymiska La wareejin karo iyo Xeerka La xisaabtanka (Health Insurance Portability and Accountability Act, HIPAA). 9) Tallaalkan, ay ku jiraan wax tallaalka bixiyay ilaalinta dheeraadka gaar ahaanshaha waafaqsan sharciga gobolka ama federaalka, waxaa ka warbixin doona farmashiga ama shaqaalaha ganacsiga ee diiwaanka tallaalka, oo la wadaagi karta xogta tallaalkayga kuwa kale, iyo dhakhtarkayga talaalka koowaad, dhakhtarka oggolaanaya, ama Waaxda Caafimaadka (Department of Health, DOH) maxaliga ah, haddii ay habboon tahay, oo waxaan oggolaanayaa shaacinahan. (*New Jersey Keliya: Waxaan u fasaxayaa __ ama u diiday __ soo sheegida risiidkayga talaalka oo aan siinayoo dhakhtarkayga waan fahmayaa in ku fashilmida baaritaanka oggolaanshaha/diidmada loo qaadanayoo oggolaansho*) [South Dakota, Maine, Massachusetts, iyo New Hampshire keliya: Waxaan fahmayaa inaan xaq u leeyahay inaan diida inaan xogtayda la wadaago dhinacyada kor lagu sheegay sida diiwaannada.] Waalidka ama masuulka ilmaha yar, ogolaanshaha hoose wuxuu xaqiijiyay helitaanka ogeysiiska qoran si uu u booqdo dhakhtarka ilmaha sanad kasta.

X

Saxeexa Bukaanaka mise Waalidka/Masuulka ee Bukaanaka Ilmaha ah (geli xiriirka kala dhexeeya ilmaha) **Magaca oo Daabacan** **Taariikhda**

Below for Pharmacy Use Only:

WA ONLY: Substitution Permitted:

Dispense as Written:

Vaccine Name	Lot #	Expiration Date	Manufacturer	Dose (ml)	Dose #	Route	Site (circle)	VIS/EUA Pub. Date	F/U Appt Date/Time
COVID-19(_____)					N/A	IM	R / L Deltoid		
Flu (_____)				0.5	N/A	IM	R / L Deltoid		
Shingrix®			GSK	0.5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	IM	R / L Deltoid	2/4/2022	
							R / L _____		
							R / L _____		
							R / L _____		

Ordering RPh Signature: _____
Name of Administrator: _____
Admin/VIS Provided Date: _____ NPP Offered
Counseling (Please circle): Accepted / Declined

RxBIN: _____ **PCN:** _____ **Group #:** _____ **ID#:** _____
Medical (Name, ID#, Group#): _____
 Offsite Clinic **Clinic Name:** _____ **Clinic Address:** _____
Appt Date: _____ **Appt Time:** _____ **Administration time (OR Only):** _____ ICMZIV 20240523