Caafimaadka Dadweynaha – Seattle iyo King County
Diiwaan-Galinta iyo Oggolaanshaha Tallaalka Hargabka (Flu)

Macluumaadka ku saabsan qofka qaadan doona tallaalka hargabka (Fadlan daabac)

Magaca Dambe	Magaca Hore	Xarafka Magaca Dhexe	Taariikhda Dhalasho	Da'da	Lab/Deddig

Cinwaan: Waddada	Magaalo	Gobol	Sib Koodh	Taleefan

Qowmiyadda (Fadlan mid sax ku samee): ◯ Hisbaanik/Laatiino ◯ Aan Ahayn Hisbaanik/Laatiino ◯ Diiday

Jinsiyad (Calaamadee dhammaan kuwa habboon): ☐ Aasiyaan ☐ Madow ama Afrikaan Ameerikan
☐ Maraykanka/Alaaska Dadkii Horay ugu Dhaqnaa ☐ Jasiirad Baasafiik/Ku Nool Hawaii
☐ Caddaan/Kookeeshiyaan ☐ Diiday

Ma u baahan tahay turjubaan (af-celiye)? ◯ **Haa** ◯ **Maya** **Luqadda Hore:** _____

Fadaln ka jawaab su'aalaha hoosta ku taxan ee loogu talagalay qofka qaadanya tallaalka.	HAA	MAYA
1. Qofku ma ku leeyahay alerji (xasaasiyad) ukunta, cinjirka (leytakska) ama thimerosal (kimiikada cuntada xumaanshaha ka ilaaliya)?	◯	◯
2. Qofku waligii dareen-celin ma ku yeeshay tallaalka Hargabka (flu)?	◯	◯
3. Qofku uur ma leedahay?	◯	◯
4. Qofku ma leeyahay aammin diin xaaraan uga dhigaya inuu cuno khansiirka?	◯	◯

Aniga waxa la isiiyay nuqul oo waxaan akhristay ama la ii sharraxay aniga macluumaadka ku jira Kelmadaha Macluumaadka Tallaalka ee loogu talagalay hargabka. Anigu waxaan helay fursad aan ku weydiiyo su'aalo oo waa la iiga jawaabay si aniga iqancisay. Waxaan aamminsanahay anigu inaan fahmay waxtarka iyo halista tallaalka hargabka oo waxaan codsanyaa in tallaalka hargabka aniga la isiiyo ama qofka ku magacaaban hoosta ee anigu wakiilka uga ahay codsigan.

X_____ TAARIIKH:_____
Saxeexa qofka qaadanaya tallaalka (ama qofka wakiilka uga ah inuu sameeyo codsiga – WAALIIDKA AMA MAS'UULKA)

_____ TAARIIKH::_____
SiSaxeexa Af-celiyaha (Turjumaanka)

FAALLOOYINKA:_____

(Office use only)
INFLUENZA VACCINE ADMINISTRATION RECORD

Vaccine given (Check below)	Vaccinator initials	Age/Group	Mfr & Lot # (Circle lot#)	Dose	Route and Site of Injection	CDC Vaccine Information Statement
		6-35 months *Prefilled syringe*	**Sanofi Pasteur UT4176BA**	**0.25 ml**	**IM** (circle site) **RT LT RD LD**	**Inactivated Influenza Vaccine 7/26/11**
		6-35 months *Multi-dose vial*	**Sanofi Pasteur UH463AB UH467AB UH476AB UH477AB UH477AD**	**0.25 ml**		
		3 years through adult *Multi-dose vial*		**0.5 ml**		
		4 years through adult, special groups *Prefilled syringe*	**Novartis 11032P 11132P**	**0.5 ml**		