

Waaxda Caafimaadka Gobolka Brown: Foomka Heshiiska Tallaalka

Fadlan hubi tallaalkada ah in canugaaga helo:

- | | |
|---|--|
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Bararka maskaxda |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Tallaalka samboorka |
| <input type="checkbox"/> Cagaarshowga A | <input type="checkbox"/> Fayruska busbuska |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Jadeecada |
| <input type="checkbox"/> Cagaarshowga B | |
| <input type="checkbox"/> TD | |

Ma hubo tallaalkada canugeyga u baahanyahay. Waxaan jeclaan lahaa Waaxda Caafimaadka Gobolka Brown si uu u eego warbixinta canugeyga ee WIR (Diiwaanka Tallaalka Wisconsin). Sida ku saleysan warbixinta ku jira WIR, waxaan ogolaaday Waaxda Caafimaadka Gobolka Brown si aan u maamulo tallaalo walba ee ku qoran foomkaan ogolaanshaha ee loogu taliyay/u baahan da'diisa/da'deeda. Waan fahamsannahay in la i siinayo warbixinta ee waxa tallaalkada lagu siinayo dugsiga sida ku saleysan xarunta caafimaadka ka hor maamulka tallaalka.

Magaca Ardayga (Dambe, Koowaad, xarafka Dhexe) fadlan qor			Lab	Dheddig
Taariiqda Dhalashada	Da'da	Magaca Waalidka/Masuulka	Lambarka Taleefonka ()	
Ciwaanka	Caasimada	Gobolka	Lambarka Zip	
Dugsiga				

Fadlan Koobaab Haa ama Maya

Canuga miyuu qabaa wax alaarjiyada ee daawooyinka ah, cuntada, qeybta tallaalka ama dhacaanka? Qor:	HAA	MAYA
Miyuu canuga leeyahay falcelin halis ah ee tallaalka waqtiga la soo dhaafay?	HAA	MAYA
Miyuu canuga qabay dhibaato caafimaad ee sambabka, wadnaha, kelida, ama cudurada dheefshiidka (tusaale. sonkorta), neefta ama cudurka dhiiga? Miyay isaga/iyada ku jiraan daaweynta asbiriinka muddada dheer?	HAA	MAYA
Miyuu canuga, walaalka, ama waalidka qabaa qalal; canuga miyuu qabay dhibaatooyinka maskaxda ama nidaamka kale ee neerfahaa?	HAA	MAYA
Canuga miyuu qabaa kansar, dhuux buuxa, HIV/AIDS, ama dhibaatooyinka kale ee difaaca jirka?	HAA	MAYA
3-Dii bilood ee la soo dhaafay, canuga miyuu qaatay daawooyinka liidineyso difaaciisa/difaaceeda jirka, sida dhacaanka lafaha, daawada palaarjiga, daawooyinka kale, daawooyinka ka hortaga kansarka ama helay daaweynta shucaaca?	HAA	MAYA
Sannadkii la soo dhaafay, canuga miyuu helay dhiig ku shubida ama waxyaabaha dhiiga, ama la siiyaydaawada difaaca (gamma) ama daawada ka hortaga?	HAA	MAYA
Qofka la talaalayo ma uurbuu leeyahay ama ma jiraan fursad ah ay uur ku noqon karto bisha xigta?	HAA	MAYA
Canuga miyuu helay wax tallaalka ah inta lagu jiro tallaalka ee 4-tii isbuuc ee la soo dhaafay? Qor: _____	HAA	MAYA

OGOLAANSHAHA TALLAALKA: Waan aqriyay, ama waa la ii sharaxay, Bayaanka Warbixinta Tallaalka ee tallaalka (laga heli karo onleenka www.co.brown.wi.us/health). Waxaan helay fursada aan ku weydiinayo su'aalo oo laygaga jawaabay sida aan ku qanacsannahay. Waan fahamsannahay faa'idooyinka iyo halisaha tallaalkada la codsaday oo weyddiiyay in tallaalkada la siiyay qofka kor lagu magacaabay ee aan u ogolaaday inuu sameeyo codsigaan. Waaxda Caafimaadka Gobolka Brown ayaa soo direyso Caawinta Caafimaadka haddii canuga lagu daboolo barnaamijka. Waan fahamsannahay in diiwaanka tallaalkaan lagu wadaagi karo dhinaca Diiwaanka Tallaalka Wisconsin (WIR) iyo bixiyayaasha kale ee daryeelka caafimaad ee sida tooska ah ugu lug leh daryeelka qofka la tallaalay. Foomka ogolaanshahaan wuxuu ogolaanayaa maamulka dhoor garojo ee tallaalka, haddii caafimaad ahaan loo tilmaamay. Foomkaan ogolaanshaha wuxuu dhacayaa kadib tallaalka ugu dambeeyo markii lagu siiyo taxane tallaalka.

Saxiixa Waalidka/Masuulka _____ Taariiqda _____

FOR OFFICE USE:

Student's Name: _____

DOB: _____

School: _____

WIR Reviewed: _____

WIR Reviewed: _____

Vaccines to be given:

Vaccines to be given:

Tdap	Meningococcal	HPV	FLU		Tdap	Meningococcal	HPV	FLU
Hep A	Hep B	MMR			Hep A	Hep B	MMR	
Td	IPV	Varicella			Td	IPV	Varicella	

Initials/ Date: _____

Initials/ Date: _____

Notes: _____

Clinic Date:

Is the child well today?	Yes		No		Initials: _____					
Tdap (IM)	L	R	Meningococcal (IM)		L	R	HPV (IM)		L	R
Hep A (IM)	L	R	Hep B (IM)		L	R	MMR (Sub Q)		L	R
Td (IM)	L	R	Polio (Sub Q)		L	R	Varicella(Sub Q)		L	R
Flu(IM)	L	R								
Vaccine Administrator Initials:								Date:		

Notes: _____

WIR Reviewed: _____

WIR Reviewed: _____

Vaccines to be given:

Vaccines to be given:

Tdap	Meningococcal	HPV	FLU		Tdap	Meningococcal	HPV	FLU
Hep A	Hep B	MMR			Hep A	Hep B	MMR	
Td	IPV	Varicella			Td	IPV	Varicella	

Initials/ Date: _____

Initials/Date: _____

Notes: _____

Clinic Date:

Is the child well today?	Yes		No		Initials: _____					
Tdap (IM)	L	R	Meningococcal (IM)		L	R	HPV (IM)		L	R
Hep A (IM)	L	R	Hep B (IM)		L	R	MMR (Sub Q)		L	R
Td (IM)	L	R	Polio (Sub Q)		L	R	Varicella(Sub Q)		L	R
Flu(IM)	L	R								
Vaccine Administrator Initials:								Date:		

Notes: _____

*Only vaccines highlighted were administered at the clinic