

Indiana Zawtkhamhnak Hmun Khat Fonhnak (IIC) Chekhlatnak Biahlnak Hna – HAKHA CHIN
6919 East 10th Lam, Suite C2, Indianapolis, IN 46219

Raise Sii Chunh Liomi Hna caah atanglei hna hi phi hna :

MIZAW Min: MIN HMASA _____ MIN LAI _____ MIN HMANUNG _____
 Chuah Nithla: _____ / _____ / _____ Kum: _____ Nu/Pa sinak: N P Miphun: Hispanic/Latino Hispanic/Latino
 asi lomi
 Miphun: (Adikmi dihlak kha chek) American Indian/Alaskan Chuak Asian Vunnaak Hawaiian/Pacific Islander Chuak Vunraang
 Hngalh lomi
 Fhone Nambor (_____) _____ - _____ Email address: _____
 Umnak Hmun: _____ Khuapi: _____ Ramkulh: _____ Zip: _____
 Hringtu/Zohkhenhtu Min Dihlak: _____

Aamakhannak Sining (Kuang kha chek)

AMAHKHANNAK NGEIH LOMI

MEDICAID/SILEI BAWMHNAK
 Company: _____ Medicaid/Silei Bawmhnaak #: _____ Hngalh lo

PUMPAK asiloah CHAWLEHNAK AMAHKHANNAK (MEDICAID ASI LOMI)
 Amakhannak Company: _____ Amakhannak Polasi ID: _____ Bu # (pakhat khat adik ahcun): _____
 Polasi Tlaitu Min: _____ Polasi Tlaitu Chuah Nithla: _____ / _____ / _____ Polasi Tlaitu le Hringtu Pehtlainnak: _____

Raise Sii Chunhmi Hna caah Biahlnak Hna:

ASI ASI LO

1. Raise sii chunh ding mi cu nihin ah a zaw maw? A zawt ahcun, zawtnak langhnak hna cu ze i hna dah an si?	<input type="checkbox"/>	<input type="checkbox"/>
2. Raise sii chunhding mi nih sii, edin, raise sii cawhmi asiloah thingtling hna he ralkahnak hna a ngei maw? A ngei ahcun zaangfahtein cazin ah tial hna:	<input type="checkbox"/>	<input type="checkbox"/>
3. Raise sii chunhding mi nih aluancia caan ah raise sii chunhnak ruangah a chuak mi lehnak/temtuarnak fak a ngei maw? A ngeih ahcun, zaangfahtein fianter/langhter hna:	<input type="checkbox"/>	<input type="checkbox"/>
4. Raise sii chunhding mi nih Guillian-Barre Syndrome (GBS) a ngei bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
5. Raise sii chunhding mi nih ngandamnak lei he pehtlai in lung zawtnak, cuap lei zawtnak, khuhrin zawtnak, kal lei zawtnak, pum nih a hman ti lomi ti/hang chuahning thatlonak lei zawtnak (bianabia ah, zun thlum zawtnak), thider zawtnak, asiloah adang thisen ningcang in um lonak hna tibantuk caan sau zawtnak/harnak a ngei maw?	<input type="checkbox"/>	<input type="checkbox"/>
6. Raise sii chunhding mi nih cancer zawtnak, titsa, thlek ah thikhal zawtnak (leukemia), AIDS asiloah adang zawtkhamhnak ah harnak a ngei maw?	<input type="checkbox"/>	<input type="checkbox"/>
7. Raise sii chunhding mi nih cortison, prednisone, adang steroid hna, cancer dohnak sii hna a chun/ ding bal hna maw asiloah cancer caah x-ray in tlopbulnak hna a ngei bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
8. Raise sii chunh ding mi nih tlaihchuhnak/hnuhdawh, thluak, asiloah adang thinphannak lei harnak a ngei bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
9. Raise sii chunhding mi cu kuak zu asi maw?	<input type="checkbox"/>	<input type="checkbox"/>
10. Aluancia caan ah, raise sii chunhding mi nih thi ronhnak asiloah thi chuahnak hna a ngei maw asiloah immune (gamma) globulin timi sii pek asi bal maw?	<input type="checkbox"/>	<input type="checkbox"/>
11. Nu hna caah: Raise sii chunhding mi cu naupawi liomi asi maw asiloah hmai thla chungah nau pawiding dirhmun ah a dirmi asi maw?	<input type="checkbox"/>	<input type="checkbox"/>
12. Raise sii chunhding mi cu aluancia zarh 4 chungah raise sii pakhat khat chunh a rak si maw?	<input type="checkbox"/>	<input type="checkbox"/>

A tangleii minthut in, keimah asiloah ka fa pumpak ngandamnak kawnglam kha ngandamnak lei zohkhenhnak rianttuannak caah, rianttuannak chiahmi ca VaxCare sinah acunglei cazin i amakhannak petu sinin peknak tuan dingmi he hman le phuan ding ah ka hna a tla.

Hunphenhmi Ngandamnak Konglam & Halnak hna Tuan Dingmi caah Hnatlaknak: Keimah pumpak ngandamnak konglam kha ngandamnak lei zohkhenhnak rianttuannak hna caah hman le phuannak kongah Pumpak Tuahtuanmi hna Theihternak hmuhnak kha, hika ah riantuannak saupi ruahnak he VaxCare komhmi acunglei cazin i amakhannak petu sinin peknak tuan dingmi he ka hngalh i ka hnatla. Raise Sii Hnatlaknak: Hi sohluah i minthutnak nih atanglei hmuhsakmi raise sii kha VaxCare aiawhtu nih keimah cu chunh dingin keimah nih a siloah ka fa nih kan hal cang timmi a hmuhsak. VaxCare he rian a hrawmmi, sii petu hna le riantuantu hna cu a hung um khomi lehrulhnak hna ah ttuanvo ngei lo dingin ka hnatla. Phunglami nih nawl a pekmi a tambik in, halnak, cawlcanghnak rian sinin a chuakmi asiloah a pehtlaihmi caah, Biaceihtubu hna nih taza cuainak dingah covu cu a zeizei ti loin le letthan khawh ti loin ka ngol piak hna i cu bantuk halnak, cawlcanghnak cu pumpak ningcang lawnglawng in remnak sertu sinin America Remnak Sernak a komhmi Bu i Chawlehnak Remnak Sernak Phung hna ning zulh in bia khiah a si lai.

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Sianginn:

Keimah asiloah VaxCare nih remnak sernak i halmi pumpak dang peh asiloah thil poahpoah hna cungah doh in um awnh asi lai lo, asiloah bu pakhat i aiawhtu chungtel sinak in asiloah pumpak sihni tuan khawhnak ah ka tuan kho lai lo. Rian le langhternak/phozarnak a cangmi a um ahcun, VaxCare nih mizaw le rianttuantu himnak hna a khat in thisen hneksaknak caah mizaw nawlpeknak a ngeih. Raise Sii Konglam Chimmi Ca(hna) sinin thil kong cu ka rel asiloah ka sinah fianter asi i raise sii he pehtlai in ton sual khawhmi hna (harnak ton khawhmi lehrulhnak telhchih in) le a thathnemnak hna kha ka hngalh. Adang caah ka hnatlak ahcun, a cungleii pumpak hmuhsakmi he kan i pehtlaihnak hngatchan in, hi raise sii peknak ah hnatlak dingah phunglei nawlpeknak ka ngei.

□ Keimah/ ka fa cu atu caan ah a cu cangmi atha timi raise sii chunh dingah **ka hnatla**. Cu set kha set timi raise sii al ka duh ahcun, 317-628-7116 kha ka chawnh lai i asiloah email in ka kuat lai: clinic@vaccinateindiana.org Nangmah/na fa raise sii chunhnak tialkhumhnak ah hrambunh in hman khawhmi Riase Sii hna: DTaP, Tdap, Hepatitis A, Hepatitis B, HIB, Polio, Rotavirus, Pneumococcal, Influenza, MMR, Human Papilloma Virus, Meningitis, Varicella

□ **Sehlei Minthut hna:** Sehlei minthut hna cu ngandamnak tialkhumhnak caah sehlei ngandamnak tialkhumhnak luhnak, catialmi hna le computer-thazaang in tuahmi catialmi hna an hman ti langhtertu tibantuk hmanmi hna an si. Hi kuang cheknak le min in apnak le hi form ah nithla khenhnak in, hi form ah atlangpi in langhtermin term/sining le dirhmun hna ah hnatlaknak peknak bantukin a pechihmi phungning in ruahpiakmi sehlei minthutnak ka tuah ti ka hngalh. Pumsa in minthutnak can ahsehlei minthutnak cohlan ding cu VaxCare polasi asi. Hi tuahnak cu a himmi thilri chungah tuah asi i tuahnak dinfelnak a fehter i muisam, hmanna le sehlei ngandamnak tialkhumhnak luhnak hna ah nawlpeklomi cawlcanghnak tihunnak kha a tlawmter.

Minthut: X _____

Nithla: _____

Kum 18 tang asi ahcun, Hringtu/Zohkhenhtu minthut a herh

CLINIC USE ONLY

VACCINE	VIS	MANUFACTURER /LOT # / EXP DATE	INJECTION SITE	Route
DTAP	4/01/20		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
DTAP/HEP B/IPV	4/01/20 8/15/19 10/30/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
DTAP/IPV	4/01/20 10/30/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
HEP A <input type="checkbox"/> adult <input type="checkbox"/> peds	7/20/16		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
HEP B <input type="checkbox"/> adult <input type="checkbox"/> peds	8/15/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
HIB	10/30/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
HPV9	10/30/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
Influenza	08/15/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
MCV4	8/15/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
MEN B	8/15/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM
MMR	8/15/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> SC
MMR/V	8/05/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> SC
PCV-13	10/30/19		<input type="checkbox"/> LA <input type="checkbox"/> RA	<input type="checkbox"/> IM

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Sianginn:

POLIO	10/30/19		<input type="checkbox"/> LA	<input type="checkbox"/> RA	<input type="checkbox"/> IM <input type="checkbox"/> SC
PPSV23	10/30/19		<input type="checkbox"/> LA	<input type="checkbox"/> RA	<input type="checkbox"/> IM
ROTAVIRUS	10/30/19				<input type="checkbox"/> PO
TDAP	4/01/20		<input type="checkbox"/> LA	<input type="checkbox"/> RA	<input type="checkbox"/> IM
VARICELLA	8/15/19		<input type="checkbox"/> LA	<input type="checkbox"/> RA	<input type="checkbox"/> SC
ZOSTER	10/30/19		<input type="checkbox"/> LA	<input type="checkbox"/> RA	<input type="checkbox"/> IM

VACCINATOR NAME AND CREDENTIALS: _____ **DATE:** _____

CHECKED OUT IN VAXCARE BY: _____ **DATE:** _____