

**Foomka Iskoolka ee Ogolaanshaha Tallaaka
Infalawansada H1N1 2009 Minnesota
(Durid)**

**Kandiyohi County Public Health
2200 23rd St NE Suite 1080, Willmar, MN
320-231-7860 Fax: 320-231-7888**

Warbixin ku saabsan Ilmaha la Rabo in la Tallaalo (Fadlan Far Fasiix ah ku Qor)

Magaca Ardayga (Dambe)	(Koowaad)	(Dhexe)	Taariikhda Dhalashada Ardayga Bisha _____ Maalinta _____ Sanadka _____
Magaca Hooyada Intaan La Guursan (Dambe)			Da'da Ardayga _____ Jaadka Ardayga Lab /Dhedig _____
Cinwaanka			
Magaalada	Gobolka	# Boostada	Lambarka Taleefoonka Maalintii Ee Waalidka/Mas'uulka:
Magaca Iskoolka			Fasalka

Jawaabaha su'aalaha soo socda ayaa nagu caawinaya in aanu go'aansano in ilmahaagu qaadan karo tallaalka infalawansada H1N1 2009. Fadlan calaamaday HAA ama MAYA su'aal kasta	HAA	MAYA
1. Ilmahaaga manta ma xanusanyahay?		
2. Ilmahaaga ukuntu cadaanyo daran ama ba'an ma ku kicisaa?		
3. Ilmahaagu six xun ma ugu cadaanyoodaan Thimerosal?		
4. Ilmahaaga marna dose hore oo ah tallaalka infalawansadu ma ku kiciyay cadaanyo daran?		
5. Ilmahaaga ma ku dhacay Guillain-Barré Syndrome (waa nooc si daran oo aan joogto ahayn murqaha u daciifiya)?		

Jawaabahaaga su'aalaha soo socda waxay nagu caawinayaan in aan garano nooca tallaalka ilmahaagu qaadan karo (Durid ama San ku Buufin).	HAA	MAYA
1. Ilmahaaga wax tallaah ah ma lagu tallaalay (Hargabka, MMR, iyo furuq iyo wax kalo oo tallaah ah 30kii maalmood ee ina dhaafay)?		
2. Ilmahaagu ma qabaa cuduradan soo socda midkoodna: Neef, sonkorow (ama cudur kale of dheefshiidka la xiriira), ama cudurada sambabada, wadnaha, kelyaha, beerka, dareenwadyaasha, ama dhiigga.		
3. Ilmahaaga muddo dheer ma lagula tacaalaay aspirin ama wax asprin uu ku jiro? (Tusaale, ilmahaagu maalin walba ma qaataa aspirin)		
4. Ilmahaaga habdhiska difaaca jirkiisu ma nugulyahay ama daciif ma yahay? (Tusaale, ma daciifiyeen HIV, cancer, ama daawooyin sida steroids ama kuwa cancer-ka lagu daaweeyo)?		
5. Ilmahaagu uur ma leeyahay?		
6. Ilmahaagu ma booqdaa qof isbitaal yaal oo u baahan in lagu hayo jawi jeermi laga ilaaliyay? (Tusaale, qof isbitaal yaal oo dhuux lagu tallaalay)		
7. Ilmahaagu ma qaatay wax daawo ah oo antiviral ah sideed iyo afartenkii saacaadood ee la soo dhaafay (last 48 hours)?		

OGOLANSHAH TALLAALKA ILMAHA:

- WAXAAN OGOLAANSHO U SIYAY waaxda caafimaadka GOBOLKA/DAWLADDA HOOSE iyo shaqaaleheeda in ay ilmahaaga magaciisu foomkan xaggiisa kore ku qoran yahay lagu tallaalo tallaalka. Waxaan helay Waraaqaha Warbixinta Tallaalka (Vaccine Information Statements) ee 2009-2010 oo ku saabsan talaalka infalawansada H1N1 2009 waana fahamsanahay khataraha iyo dheefaha.
- Waxaan weydiisanayaa hay'adda caafimaatka degmada Kandiyohi County Public Health la tallaalo ilmahaaga. Waxaan u sheegi doonaa Hay'adda caafimaatka degmada Kandiyohi County Public Health, wakiiladeeda, shaqaaleheeda, saraakisha iyo degmada Kandiyohi County Public Health wax alla wixii xanuunnah, dhaawac iyo xaalad cusub oo igu timaado oo ay ku jirto dhimasho oo uu sababay talaalku.
- Waxaa la ii sheegay oo aan fahmay in talaalka uusan ka celing ilmahaaga iyo dadka oo dhan xanuunka loogu talagalay.
- Waxaan fahamsanahay in macluumaadka diiwaananku gudhiisa ku qoran loo xafido in lala socdo baahida tallaalka si looga hortago cudurada. Macluumaadkani waa qarsoodi waxaana lala wadaagi karaa ururada ama dadka sharcigu u ogol yahay in ay helaan oo kali ah. Waxaana ka mid ah Minnesota Department of Health, daryeel caafimaad ama urur caafimaad oo adeeg daryeel samaynaya isagoo ka wakiil ah ilmaha, iskoolka ilmaha ama xanaanada caruurta iyo qof kasta oo kale oo sharcigu u ogol yahay in uu helo. Macluumaadkani waxay ku qoranyihiin Minnesota Immunization Information Connection Registry, waa diiwaan interneta ah oo ammaan ah looguna talagalay daryeel sameeyaasha caafimaadka. Haddii aad rabtid in macluumaadka ilmahaaga aan lagu qorin diiwaanankaas fadlan wac 1-800-657-3970.

Saxiixa Waalidka/Mas'uulka Shariga ah _____ Taariikh: _____
(Ilmahaaga la talaalli maayo haddii aan foomkan ogolaanshuhu saxiixnayn, taariikh lahayn, lana soo celin.)

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Vaccine	Date Dose Administered	Route	Dose	Injection Site	Vaccine Manufacturer	Lot Number
2009 H1N1	/ /	IM Intranasal	0.5 ml 0.2 ml			
Name and Title of Vaccine Administrator						

Information about Child to Receive Vaccine (Please Print)

Student's Name (Last)	(First)	(M.I.)	Student's Date Of Birth Month _____ Day _____ Year _____
Mothers Maiden Name (Last)			Student's Age
Address			Student's Gender M / F
City	State	Zip	Parent/Guardian Daytime Phone Number:
School Name			Grade

The answers to the following questions will help us determine if your child can get the 2009 H1N1 influenza vaccine

Please mark YES or NO for each question.	YES	NO
1. Is your child sick today?		
2. Does your child have a serious allergy to eggs?		
3. Does your child have a serious allergy to thimerosal?		
4. Has your child ever had a serious reaction to a previous dose of influenza vaccine?		
5. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?		

Your answers to the following questions will help us know which type of vaccine your child is eligible to receive.

Please mark YES or NO for each question.	YES	NO
1. Has your child gotten vaccinated with FluMist, MMR, chicken pox, or any other live vaccine within the past 30 days?		
2. Does your child have any of the following: Asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
3. Is your child on long-term aspirin or aspirin-containing therapy? (For example, does your child take aspirin every day)		
4. Does your child have a weak immune system? (For example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
5. Is your child pregnant?		
6. Does your child visit a hospitalized person who needs care in a protected environment? (For example, a hospitalized person who has had a bone marrow transplant)		
7. Has your child been on an antiviral medication within the last 48 hours?		

Consent For Child's Vaccination:

- I GIVE CONSENT for my child to be vaccinated with the 2009 H1N1 vaccine. I have received the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.
- I hereby request that the Kandiyohi County Public Health administer the Flu vaccination. I hereby forever release the Kandiyohi County Public Health, its agents, employees, officers, and the County of Kandiyohi for any illness, injury, loss or condition I may suffer, including death, due to the administration of this vaccine.
- I have been informed and I understand that the vaccine my child is to receive may not be effective in all people and may not in fact protect him/her from the disease it is intended to prevent.
- I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the Minnesota Department of Health, a health care provider or health care organization providing services on behalf of the child, the child's school or childcare and anyone else authorized under law to receive it. This information will be included in the Minnesota Immunization Information Connection Registry, a secure web-based registry system for health care providers. If you choose not to have your information shared with registry please call 1-800-657-3970.

Signature of Parent/Legal Guardian:

Sign: _____
(Vaccination will not be administered if this consent form is not signed and dated.)

Date: _____

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Vaccine	Date Administered/ VIS Given	Route	Dose	Injection Site	Vaccine Manufacturer	Lot Number
2009 H1N1		IM Intranasal	0.5 ml 0.2 ml			
Name and Title of Vaccine Administrator						