Oggolaanshaha Faahfaahsan ee Tallaalka COVID-19

❒**Lab** ❒**Dhedig** ❒**Midkale**

Magaca Danbe **Magaca Koobaad** **Dhexe** **Taariikhda Dhalashada** **Da'da** **Jinsiga**

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Ciwaanka Guriga **Magaalada** **koodhka aaga** **Lambarka** **Taleefanka** ❒**Guriga** ❒**Taleefanka gacanta**

Medicare Lambarka Aqoonsiga Qaybta B: __________________ **4ta God ee Ugu danbaysa SSN:** ______________ **Lambarka Ruqsada Darawalka:** ________________

Isirka: ❒Eeshiyaan ❒ Madoow ama Afrikaanka Maraykanka ❒Hispanic ❒Hindida Maraykanka ❒Caucasian ❒Pacific Islander ❒Labo ama Ka badan
❒Mid kale: ________________________
Isirka: ❒Hispanic ama Latino ❒Aan ahayn Hispanic ama Latino ❒Waan Diiday inaan Sheego (Aan la aqoon)

Garabkee ayaad doonayso in lagaa talaallo? Geli miisanaka HADDII UU KA YAR YAHAY 66 boon: _____Lbs.
Magaca Adeeg Bixiyaha Daryeelka Aasaasiga ah: ______________
(Fadlan goobin geli) Bidix Midig **Ciwaanka Adeeg bixiyaha Daryeelka Aasaasiga:** ________________________

Foomka Su'aalaha Baaritaanka: *Fadlan ka jawaab su'aalaha adoo tig saaraaya bokisyada.*

	Su'aalaha Baaritaanka – OGOOW: HADDII AAD KU BUUXISAY OONLEEN, AKHRI JAWAABAHA BUKAANKA SI LOO HUBIYO INAYSAN	Haa	Maya
1.	Maanta ma jiran tahay?	❒	❒
2.	Waligaa ma qaadatay kuurada talaalka COVID-19? Haddii ay tahay haa, tallaalkee ayaad qaadatay? ❒ Pfizer ❒ Moderna ❒ Mid kale: _______ Taariikhda: _________	❒	❒
3.	Waligaa ma ka qaaday xasaasiyad ku aadan tallaal hore oo COVID-19 ama qayb kamid ah talaalka COVID-19, ayna ku jirto polyethylene glycol (PEG) ama polysorbate?	❒	❒
4.	Waligaa maka qaaday xasaasiyad tallaal kale (oon ahayn tallaalka Covid-19) ama daawo la isku duro?	❒	❒
5.	Waligaa xasaasiyad xun ma ka qaaday (anaphylaxis) wax cunto ah, xayawaanka rabaayada ah, xasaasiyaadka bii'ada, daawada afka, ama latex? Haddii ay tahay haa, fadlan qor:	❒	❒
6.	Ma heshay wax tallaal ah 14 maalmood ee lasoo dhaafay? (maaha daawo laguu diiday)	❒	❒
7.	Ma heshay baxnaaninta difaaca jirka oo dadban (difaacyada monoclonal ama dareeraha convalescent) oo daawo u ah COVID-19 intii lagu jiray 90 maalmood ee lasoo dhaafay?	❒	❒
8.	Uur ma leedahay ama naas ma nuujinaysaa? (maaha daawo laguu diiday)	❒	❒

Oggolaansho Faahfaahsan: Fadlan akhri oo saxiix.

Anoo raacaaya saxiixaygu hoose, waxaan ogolaanayaa inuu tallaalka isiiyo dhakhtarkayga ama farmashiilaha ardayga la kormaaraayo ama xirfadle, ama qof kale oo awood u leh, meesha sharcigu ogol yahay ama tusmada gobalka/federaalka, u shaqeeya ama qandaraas ula jira Shirkadaha Albertsons ama mid kamid ah farmashiyaasha la shaqeeya iyo in la igalasoo xariiro lambarka kor lagu sheegay ee la xariira tallaalada kale ee aan joogo xiligeeda ama u qalmo inaan qaato. Waxaan ka cafinayaa Shirkadaha Albertsons iyo laamahooda, shaqaalahooda, saraakiisha, agaasimayaasha, shaqaalaha, wakiilada dhammaan daymaha, ayna ku jiraan falalka wax ka saarida ama saamiga, ka dhasha, ama ka yimaada helitaankayga talaalkaan. Waxaan fahmayaa in: 1) Waxaan si iskay ah u doortay talaalka iyo inaan fahmay in waajib iga saaran yahay inaan bixiyo dhammaan alaabaha iyo adeegyada la i siiyo, haddii ay jiraan. 2) Waxaan masuul ka noqon karaa lacagta kadib taariikhda adeegyada labaxshay haddii sheeyga ama qarashka adeegga laga codsado gunnadayda caafimaadka. 3) Waxaan ku jiraa da'da sharciga ah waxaana la ii ogol yahay inaan fuliyo foomkaan ogolaanshaha ama aan ahay waalidka/masuulka bukaan ilmo ah. 4) Waxaan si degdeg ah ugu sheegayaa farmashiilaha xaalado kasta oo caafimaad oo si xun u saamaynaaya caafimaadkayga gaarka ah ama waxtarka talaalka. 5) Waxaa la igala tashaday dhibaatooyinka imaan kara kadib talaalka, markay dhacaan, iyo goorta iyo meesha aan u raadsanaayo daawo. Waxaan masuul ka ah inaan dabagal ugu dago dhakhtarkayga anoo qarashka iska bixinaaya haddii aan waajaho wax cilado ah. 6) Waa inaan ku ekaado aaga si aan kormeer u sameeyo 15 daqiiqo illaa inaan haysto maahee taariikhda xasaasiyad xun oo heer adag ah oon ka qaaday talaal ama daawo la igu duray ama haddii aan horay usoo maray anaphylaxis ka dhalatay sabab kasta oo aan ugu jiraayo aaga korjoogtada muddo 30 daqiiqo ah kadib talaalka. Haddii aan ka baxo aaga anoon sugin, waxaan xaqiijinayaa inaan sidaas u samaynaayo si iskay ah aana kahor imaanaayo talada xirfadlayaasha i siiyay tallaalka. 7) Waan akhriyay, ama waa la ii akhriyay, Bayaannada Xogta Talaalka ("VIS") ama Oggolaanshaha Isticmaalka Degdegga ah ("EUA") oo lagu bixiyay in lagu maamulo talaalka. Waxaan fursad u helay inaan su'aalo waydiiyo, dhammaan su'aalahaygana waxaa looga jawaabay qaab aan u qancay. Waan fahansanahay faaiidooyinka iyo khataraha talaalku leeyahay. 8) Waxaa la ii yaboohay iyo/ama la i siiyay koobiga Ogaysiiska Xeerarka Sirta ee Shirkada oo waafaqsan Sharciga Qiyaasta iyo Hufnaanta Caymiska Caafimaadka (HIPAA). 9) Talaalkaan, uuna ku jiro talaal kasta oo la siiyay difaacyada dheeraad ah ee xogta sida ku cad sharciga gobalka ama federaalka, ayaa laga rabaa inuu soo sheego faramshiiyahaygu ama shaqaalihiisa ganacsiga una gudbiyo diiwaanka talaalka, kaasoo xogta talaalkayga la wadaagi kara dadka kale, iyo daryeelahayga aasaasiga ah, dhakhtarka fasaxaaya, ama Waaxda Caafimaadka Maxaliga ah, haddii ay jirto, waana fasaxayaa warbixintaan. (*Keliya New Jersey: Waxaan u fasaxayaa ___ ama fasaxaayo ___ soo sheegida risiidkayga talaalkaan oo aan siinaayo dhakhtarkayga waan fahmayaa in ku fashilmida tig saarida ogolaanshaha/diidmada loo qaadanaayo ogolaansho.*) (*South Dakota iyo Massachusetts keliya: Waxaan fahmayaa inaan xaq u leeyahay inaan diido inaan xogtayda la wadaago dhinacyada kor lagu sheegay sida diiwaannada.)*

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Saxiixa Bukaan Waalidka/Masuulka ee Bukaanka Ilmaha ah **Taariikhda**

Farmashiyaha Keliya ayaa Isticmaalaaya

Vaccine Name	**Lot #**	**Expiration Date**	**Manufacturer**	**Dose (ml)**	**Dose #**	**Route**	**Site** (circle)	**VIS/EUA Publication Date**
							R / L Deltoid	

Name of Administrator: ____________________ **Administration Date:** _____________ ❒ **NPP Offered** **RPh Counseling (Please circle):** **Accepted / Declined**

RPh Signature [Indicates (1) VIS/EUA Provided (2) Counseling Offered and (3) Patient Eligibility Verified]: ____

WA ONLY: Substitution Permitted:____ **Dispense as Written:**____

RxBIN: _____________________________ PCN: _____________________________ Group#: ___________________________ ID#: _______________________________

Medical (Name, ID#, Group#, Payer ID - if UHC): ____

Billing Info (off-site only) Clinic Name: ________________________ Clinic Address: ____