

Target Group _____

Vaccine _____ / Initials _____

Tsev Noj Qab Haus Huv Hauv Madison & Dane County

TSAB NTAWV TSO CAI TXHAJ 2009 H1N1 FLU VACCINE
Chaw Txhaj Tshuaj (Cov txhaj thiab/los sis Cov Txau Qhov Ntswg)

Cov ntawv sau rau tsab ntawv no yuav siv teev tso cai txhaj cov tshuaj tiv thaiv khaub thuas 2009 H1N1. Cov ntawv txhaj tshuaj no kuj yuav muab qhia rau Wisconsin Immunization Registry (WIR) nrog rau lwm cov kws kho mob muaj feem rau tus neeg tau txhaj tshuaj tej kev kho mob.

Cov lus rau tus neeg txais cov tshuaj tiv thaiv THOV SAU KOM POM ZOO

Npe (Xeem, Npe, Tus Ntawv Npe Nrab) thov sau			Poj niam/Txiv neej <input type="checkbox"/> Txiv neej <input type="checkbox"/> Poj niam		
Hnub Yug	Hnub Hyoog	iam txiv/Tus Saib Xyuas Npe (yog muaj)	Nab Npawb Xov Tooj		
Hli Hnub Xyoo			()		
Chaw Nyob	P.O. Box	Nroog	County	Xeev	Zip Code
Puas kam muab cov ntawv txhaj tshuaj H1n1 rau Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Kam <input type="checkbox"/> Tsis Kam					

10 nqe lus nug teev hauv qab no yog tshuaj xyuas xwb thiab yuav pab peb xyuas seb tus neeg muaj npe saum toj no puas yuav tau txhaj cov tshuaj tiv thaiv khaub thuas 2009 H1N1 thiab hom twg (Tshuaj txhaj los sis Tshuaj Txau Qhov Ntswg). Thov kos voj vog muaj los tsis muaj.

1. **Ua tus neeg yuav txhaj tshuaj no puas muaj noj tsis haum qes, ua pob rau ib ceev, ua tsis tau pa, os dis ncauj?** **Muaj Tsis Muaj**
2. **Ua tus neeg yuav txhaj tshuaj no puas muaj siv tsis tau cov tshuaj Thimerosal, gelatin, gentamicin(Garamycin,Gentak, Genop tic, Gentacidin,G-myticin) neomycin, polymyxin ua pob ib ces, ua tsis tau pa, os dis ncauj?** **Muaj Tsis Muaj**
3. **Ua tus neeg yuav txhaj tshuaj no puas muaj txhaj tshuaj tsis haum rau cov tshuaj txhaj tiv thaiv khaub thua yav tag los ua rau ua pob ib ce, ua tsis tau pa, os dis ncauj?** **Muaj Tsis Muaj**
4. **Tus neeg yuav txhaj cov tshuaj tiv thaiv no puas mob tuag npab tuag ceg GBS (ib hom mob nqaij tsis muaj zog) li 6 lub lij tiam tom qab txhaj koob tshuaj tiv thaiv khaub thuas?** **Muaj Tsis Muaj**

Muaj ob hom tshuaj tiv thaiv khaub thuas 2009 H1N1 (cov txhaj los sis cov txau qhov ntswg). Koj cov lus teb rau cov lus nug hauv qab no yuav ua kom peb paub seb hom tshuaj twg ntawm ob yam tshuaj tiv thaiv no koj yuav tau txhaj.

5. **Ua tus neeg yuav txhaj tshuaj no puas tau txhaj tshuaj MMR, Varicella, tshuaj tiv thaiv khaub thua, yellow fever?**
Txhaj _____ Hnub txhaj _____ **Tau Tsis Tau**
6. **Tus neeg yuav txhaj cov tshuaj tiv thaiv no puas muaj mob li nram no: hawb pob, ntshav qab zib, (los sis mob lwm yam roj ntshav), los sis mob ntsws, plawv, raum, siab, hlab ntsha hnov, los sis ntshav?** **Muaj Tsis Muaj**
7. **Tus neeg (me nyuam los sis tus hluas) yuav txhaj cov tshuaj tiv thaiv puas noj tshuaj dias tau hauv (aspirin) puag xyoo los sis muaj tshuaj aspirin rau hauv (xws li, koj tus me nyuam puas noj tshuaj dias taub hau (aspirin) txhua hnub)?** **Noj Tsis Noj**
8. **Tus neeg yuav txhaj cov tshuaj tiv thaiv puas muaj qhov tsis muaj zog tiv thaiv mob (xws li, muaj HIV, Cancer, los sis tshuaj (steroids)?** **Muaj Tsis Muaj**
9. **Tus neeg yuav txhaj cov tshuaj tiv thaiv cev puas xeeb tub?** **Xeeb Tsis Xeeb**
10. **Tus neeg yuav txhaj cov tshuaj tiv thaiv puas nyob nrog ib tug neeg lub cev tsis muaj zog tiv thaiv mob thiab nws yog tus yuav tsum tiv thaiv rau ib chav (xws li ib chav hauv tsev kho mob kom muaj tso cua rau)?** **Muaj Tsis Muaj**

TSO CAI RAU TXHAJ TSHUAJ:

Kuv tau nyeem, los sis tau piav qhia rau kuv, cov tshuaj tiv thaiv khaub thuas 2009 uas yog cov tshuaj tiv thaiv khaub thuas 2009 H1N1. Kuv kuj muaj sij hawm nug cov lus nug uas teb rau kuv nyab xeeb lawm. Kuv nkag siab qhov zoo thiab qhov phem ntawm cov tshuaj tiv thaiv tau thov no thiab hais kom txhaj rau tus neeg muaj npe saum toj no uas yog tus kuv tau tso cai rau qhov tau thov no.

Sau npe X _____ Hnub _____

RAU HAUJ LWM SIV XWB	VIS hnub 10/02/2009
2009 H1N1: Route (circle one) = IM or Intranasal (IN)	Body site (circle one) = RD, RV, LD, LV or IN
Dose (circle one): 1 or 2	
Manufacturer _____	Lot No _____
Signature and title of person administering vaccine: _____	
Date vaccine administered: _____	

Kuv paub tias kuv tau txais ib tsab ntawv "Tsab Cai Qhia Siv Yus Tug" ntawm Public Health-Madison & Dane County"