



Please print: **ဝံသးစူၤစဲကျိး:**

Last, First Name:
မံၤလီၤစၢၤ, မံၤခိၣ်ထံး: _____

Home Address:
အိၣ်ဆိးတၢ်လီၤ: _____

Date of Birth:
အိၣ်ဖျါၣ်မုၢ်နံၤ: _____

COVID-19 Vaccine Screening and Consent COVID-19 တၢ်ဟ့ၣ်ညါသမံသမိးကသံၣ် ဒီသဒါဒီးတၢ်အၢၣ်လီၤဟ့ၣ်ခွဲး

COVID-19 vaccines have not been formally approved by the FDA; they have been approved for emergency use. You will be having this brand of COVID-19 vaccine:

COVID-19 ကသံၣ်ဒီသဒါတဖၣ်တဘၣ်တၢ်အၢၣ်လီၤတူၢ်လိာ်အီၤလၢအဖိးသဲးခိဖျါ FDA ဒီးဘၣ်န့ၣ်လီၤ.

အဝဲသ့ၣ်ဘၣ်တၢ်အၢၣ်လီၤတူၢ်လိာ်အီၤလၢ ~~ဂ့ၢ်ဂီၢ်အူၢ်အဂီၢ်လီၤ~~ နကန့ၢ်ဘၣ်ဝဲ COVID-19 ကသံၣ်ဒီသဒါပနံၣ် အတၢ်ပနီၣ်တခါအံၤန့ၣ်လီၤ:

Pfizer (see fact sheet)

ကသံၣ် Pfizer (ကွၢ်ဘၣ်တၢ်ဂ့ၢ်အမ့ၢ်အတီလံာ်ကဘျိး: www.fda.gov/media/144414/download)

Moderna (see fact sheet)

Moderna (ကွၢ်ဘၣ်တၢ်ဂ့ၢ်အမ့ၢ်အတီလံာ်ကဘျိး: www.fda.gov/media/144638/download)

Johnson & Johnson (Janssen) (see fact sheet)

Johnson & Johnson (Janssen) (ကွၢ်ဘၣ်တၢ်ဂ့ၢ်အမ့ၢ်အတီလံာ်ကဘျိး:

www.fda.gov/media/144638/download)

Health History

တၢ်အိၣ်ဆူၣ်အိၣ်ချုတၢ်စံၣ်စိၤတဲစိၤ

Yes
အိၣ်

No
တအိၣ်

Unknown
တသ့ၣ်ညါ

1. Have you ever had a COVID-19 vaccine?
နဒီးန့ၢ်ဘၣ်တ့ၢ်ဝဲ COVID-19 ကသံၣ်ဒီသဒါတဘျိးဘျိးခါ.

If you answered Yes: Which brand did you have? When?

နမ့ၢ်စံးဆါ မ့ၢ်န့ၢ်: နမၤန့ၢ်တ့ၢ်ဘၣ်ဝဲ ပနံၣ်အတၢ်ပနီၣ်ဖဲလဲၣ်တခါလဲၣ်. အခါဖဲလဲၣ်.

Pfizer

Date of dose #1

ကသံၣ် Pfizer တၢ်ဆဲးကသံၣ်မုၢ်နံၤမုၢ်သီ #1 တဘျိး _____

Date of dose #2 (if applicable)

တၢ်ဆဲးကသံၣ်မုၢ်နံၤမုၢ်သီ #2 ဘျိးတဘျိး (မ့ၢ်ကြးဘၣ်ယးန့ၣ်) _____

Moderna Date of dose #1
 ကသံဉ် Moderna တၢ်ဆဲးကသံဉ်မုၢ်နံၤမုၢ်သီ #1 တဘျီ _____

Date of dose #2 (if applicable)
 တၢ်ဆဲးကသံဉ်မုၢ်နံၤမုၢ်သီ #2 ဘျီတဘျီ (မ့ၢ်ကြၢးဘၣ်ဃးန့ၣ်) _____

Johnson & Johnson Date of dose #1
 ကသံဉ် Johnson & Johnson တၢ်ဆဲးကသံဉ်မုၢ်နံၤမုၢ်သီ #1 တဘျီ _____

Date of dose #2 (if applicable)
 တၢ်ဆဲးကသံဉ်မုၢ်နံၤမုၢ်သီ #2 ဘျီတဘျီ (မ့ၢ်ကြၢးဘၣ်ဃးန့ၣ်) _____

Yes
အိၣ်

No
တအိၣ်

Unknown
တသ့ၣ်ညါ

2. Have you ever had a severe allergic reaction (anaphylaxis) after any type of injection (shot) or vaccine?
 နဒီးန့ၣ်ဘၣ် တၢ်ဒိဘၣ်လၢတဘၣ်လိာ်ဒီးသ့ၣ်ထံလၢအနးနး (anaphylaxis)
 ဖဲကသံဉ်ဆဲး(ဖျၢၣ်) မ့တမ့ၢ် ကသံဉ်ဒိသဒါတမံၤဂ့ၤတမံၤဂ့ၤဝံၤအလီၢ်ခဲန့ၣ်ခါ.

3. Have you ever been told you that you are allergic to polysorbate, polyethylene glycol (PEG) or any ingredients in the above fact sheet?
 ပုၤတဲဘၣ်နၤတဘျီဘျီလၢနသ့ၣ်ထံတဘၣ်လိာ်ဒီး polysorbate, polyethylene glycol (PEG) မ့တမ့ၢ် တၢ်ဃါဃုာ်တမံၤဂ့ၤတမံၤဂ့ၤလၢ တၢ်ဂ့ၢ်အမ့ၢ်အတီလိာ်ကဘျးလၢအဖီခိၣ်အပူၤဘၣ်ခါ.

4. Have you been told that you have COVID-19 in the past 14 days?
 ပုၤတဲဘၣ်နၤတဘျီဘျီလၢနဒီးန့ၣ် COVID-19 တၢ်ဆါ ဖဲအပူၤကွံာ် 14 သီတီၢ်ပူၤန့ၣ်ခါ?

5. Have you been around anyone with COVID-19 in the past 14 days?
 နအိၣ်ဘျးဘၣ်ဒီးပုၤတဂၤဂၤလၢအဒီးန့ၣ် COVID-19 တၢ်ဆါ ဖဲအပူၤကွံာ် 14 သီန့ၣ်ခါ?

If you answered Yes: Have you completed your quarantine period (the length of time your care team said you should stay away from others)?
နမ့ၢ်စံးဆါ မ့ၢ်န့ၣ်: မ့ၢ်နမၤပုၤ နတၢ်အိၣ်လီၤဆီသးအဆါကတီၢ် ဝံၤလံၤခါ.
 (တၢ်ဆါကတီၢ် အယံာ်အထၢလၢ နပုၤကဟုကယာ်တၢ်တဖုစံးဝဲလၢ နကြၢးအိၣ်ယံာ်လိာ်သးဒီးပုၤအဂၤ).

6. Have you received antibodies or plasma to treat COVID-19 in the past 90 days?
 နဒီးန့ၣ်ဘၣ်နီၢ်ခိၣ်ဂံၢ်တြီဆါမ့တမ့ၢ်သ့ၣ်ထံဆ့ၣ်လၢကကူစါယါဘျီ COVID-19 လၢ အပူၤကွံာ် အသီ 90 အတီၢ်ပူၤတဘျီဘျီခါ?

7. Have you had Multisystem Inflammatory Syndrome in Children or Adults (MIS-C or MIS-A) due to Covid-19 in the **past 90 days**?

နအိန်ဒီးနိုဆီအကွာဂီအါမံညးထီဉ်တၢ်ဆါပနီဉ်ဖှိဉ် (Multisystem Inflammatory Syndrome) လၢဖိသၢ်တဖၣ် မ့တမ့ၢ် ပှၤဒိဉ်တုၣ်ခိဉ်ပဲၤတဖၣ် (MIS-C မ့တမ့ၢ် MIS-A) ဒီဖျိလၢ COVID-19 လၢအပူၤကွၢ်အသီ 90 န့ၣ်ခါ.

8. Are you feeling sick today?

တနံၤအံၤနတူၢ်ဘၣ်လၢနအိန်တဆူၣ်ဘၣ်ခါ?

If you are pregnant, lactating (nursing) or have a weak immune system from medication or a condition, please review this website, www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html, or talk to your health care provider.

နမ့ၢ်အိန်ဒီးဟူးသး, ဒူးအီနုၢ် (ဖိသၢ်ဆူးနုၢ်) မ့တမ့ၢ် အိန်ဒီးဂံၢ်တြိဆၢတၢ်ဆါ သဟီဉ်စၢ်လၢ ကသံဉ်ကသီ မ့တမ့ၢ် တၢ်အိန်သးန့ၣ်, ဝံသးစူၤ သမံသမိးကွၢ်ဘၣ် ပှၤယဲၤသန့တခါအံၤ www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html မ့တမ့ၢ် ကတိၤတၢ်ဆူ နပှၤဟ့ၣ်လီၤတၢ်အိန်ဆူၣ် အိန်ချ့တၢ်ကဟ့ၣ်ကယၢ်န့ၣ်တက့ၢ်.

Use of your information: This form is used to document that you received the COVID-19 vaccine(s). This information is stored by the Minnesota Immunization Information Center (MIIC) and will be available to those legally allowed to receive it (health care providers, schools, childcare centers, health departments). For more information, see www.health.state.mn.us/people/immunize/miic/public.html or call 1-800-657-3970.

တၢ်စူးကါနတၢ်ဂ့ၢ်တၢ်ကျိၤ: လံာ်အဒိအံၤဘၣ်တၢ်စူးကါအီၤဒ်သိး ကမၤနီဉ်မၤယါတၢ်လၢ နဒီးန့ၣ်ဘၣ် COVID-19 ကသံဉ်ဒိသဒါ(တဖၣ်)န့ၣ်လီၤ. တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤဘၣ်တၢ်ဟံဉ်ဃာ်အီၤဒိဖျိ မံဉ်နံဉ်စိထုဉ် တၢ်ဆဲးန့ၢ်ကသံဉ်ဒိသဒါတၢ်ဆါ တၢ်ဂ့ၢ်တၢ်ကျိၤဝဲၤလီၢ် [Minnesota Immunization Information Center (MIIC)] ဒီး တၢ်မၤန့ၢ်အီၤသ့ဆူ ပှၤသ့ၣ်တဖၣ်လၢအဘၣ်တၢ်ပျဲအဖိးသဲးစးလၢကမၤန့ၢ်ဝဲ (ပှၤဟ့ၣ်လီၤတၢ်အိန်ဆူၣ်အိန်ချ့တၢ်ကဟ့ၣ်ကယၢ်တဖၣ်, ကိုတဖၣ်, ဖိသၢ်တၢ်ကဟ့ၣ်ကယၢ်ဝဲၤလီၢ်တဖၣ်, တၢ်အိန်ဆူၣ်အိန်ချ့ဝဲၤကျိၤတဖၣ်)န့ၣ်လီၤ. လၢကန့ၢ်အါဘၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤအဂီၢ်, ကွၢ် www.health.state.mn.us/people/immunize/miic/public.html မ့တမ့ၢ် ကိး 1-800-657-3970 တက့ၢ်.

Payment: Under the federal emergency, the vaccine is free, but your insurance will be billed for giving you the injection (shot). Please provide your insurance information for your visit.

တၢ်အဘျးအလဲ: လၢကီၢ်စၢဖျိၣ် ဂ့ၢ်ဂီၢ်အူအဖီလၢန့ၣ်. ကသံၣ်ဒိသဒါအံၤ မ့ၢ်ဝဲတၢ်ဟ့ၣ်ကလီၤ, ဘၣ်ဆၣ် နတၢ်အုၣ်ကီၤက ဘၣ်တၢ်ဆၢကဒွဲစရီၤလၢ ဟ့ၣ်နၤတၢ်ဆဲးကသံၣ် (ကသံၣ်ဆဲး)အဂီၢ်န့ၣ်လီၤ. ဝံသးစူၤဟ့ၣ်လီၤနတၢ်အုၣ်ကီၤအတၢ်ဂ့ၢ်တၢ် ကျိၤလၢ နတၢ်လဲၤအိၣ်သကိးတၢ်အဂီၢ်န့ၣ်တက့ၢ်.

- *If you don't have your insurance information with you, please call Fairview Clinics 1-888-702-4073 or HealthEast Clinics 651-232-1100.*
- နမ့ၢ်တအိၣ်ဒီးနတၢ်အုၣ်ကီၤတၢ်ဂ့ၢ်တၢ်ကျိၤဒီးနဘၣ်န့ၣ်, ဝံသးစူၤကိး Fairview Clinics 1-888-702-4073 မ့တမ့ၢ် HealthEast Clinics 651-232-1100.
- *If you don't have insurance, we have a process to assist you. We may ask that you provide your state of residence and social security number or a state-issued identification or driver's license.*
- နမ့ၢ်တအိၣ်ဒီးတၢ်အုၣ်ကီၤဘၣ်န့ၣ်, ပအိၣ်ဝဲဒီးတၢ်မၤအကျဲတခါလၢကမၤစၢၤန့ၣ်လီၤ. ပယုၤလၢနကဟ့ၣ် နကီၢ်စဲၣ်လၢနအိၣ်ဒီး နပုၤတဝၢတၢ်ဘၣ်တၢ်ဘၢအနီၣ်ဂံၢ် မ့တမ့ၢ် ကီၢ်စဲၣ်အ ID မ့တမ့ၢ်တၢ်နီၣ်သိလုၣ်အလံာ်အုၣ်သး သ့န့ၣ်လီၤ.

Reported side effects of COVID-19 vaccines
COVID-19 ကသံၣ်ဒိသဒါတဖၣ် အတၢ်ဒိဘၣ်တဖၣ်လၢဘၣ်တၢ်ဟံၣ်ဖျါထီၣ်တ့ၢ်ဝဲ

Clinical trials have reported these side effects in some people:
တၢ်ကူဆါယါဘျါအတၢ်မၤကွၢ်တဖၣ်ပၢ်ဖျါဝဲဒဲၣ် ကသံၣ်အံၤအတၢ်ဒိဘၣ်အိၣ်လၢပုၤတနီၤအဂီၢ်:

- *Injection site reaction (pain, redness or swelling where the shot was given); feeling very tired; headache; joint or muscle pain; chills or fever; feeling sick to the stomach; swollen glands; general sense of feeling unwell. These may not be all of the possible side effects. Other reactions, possibly severe, may become known after the vaccines are more widely used.*
- တၢ်ဆဲးကသံၣ်အလီၢ် အတၢ်ဒိဘၣ် (ဆါ, ထီၣ်ဂီၤမ့တမ့ၢ်ညိးထီၣ်ဖဲတၢ်ဆဲးလီၤအီၤအလီၢ်), တူၢ်ဘၣ်လီၤဘျးလီၤ တီၤဒိၣ်မး, ခိၣ်ဆါ, စုဆါခိၣ်ဆါ မ့တမ့ၢ် ညၣ်ထူၣ်ဆါ, တၢ်ဂီၢ်တၢ်ကံၢ် မ့တမ့ၢ် တၢ်လီၤကီၢ်, သးကလဲၤ (တူၢ်ဘၣ်လၢအဲၣ်ဒီးဘျး), တၢ်ချံလၢမိၢ်ပုၤပူၤ ညိးထီၣ်, စ့ၣ်အတၢ်သ့ၣ်ညါတဖၣ်တဘၣ်လီၢ်ဘၣ်စးလၢဘၣ်န့ၣ်လီၤ. တၢ်အံၤဘၣ်သ့ၣ်သ့ၣ်တမ့ၢ်ကသံၣ်ဒိသဒါအတၢ်ဒိဘၣ်တၢ်ခဲလၢကံၢ်ဘၣ်န့ၣ်လီၤ. တၢ်ဒိဘၣ်အဂၤ, ဘၣ်သ့ၣ်သ့ၣ်ကနးဝဲ, တၢ်ကစးထီၣ် သ့ၣ်ညါအီၤဖဲတၢ်စူးကါအီၤသကူၤဆးဒးအါထီၣ်ဝံၤအလီၢ်ခံကတီၢ်န့ၣ်လီၤ.
- *Severe allergic reactions (trouble breathing, swelling of the face and throat, fast heartbeat, bad bodily rash, dizziness and weakness). We will watch you for these symptoms for a short time after getting the vaccine.*
- တၢ်တဘၣ်လီၢ်ဒီးသ့ၣ်ထံအတၢ်ဒိဘၣ်အာအာသီသီတဖၣ် (တၢ်ကသါထီၣ်သါလီၤကီၢ်ခဲ, မဲာ်သ့ၣ်ဒီး ကီၢ်ယူၢ်ညိးထီၣ်, သးစံၣ်ချ့, နီၢ်ခိတၢ်ကပြုထီၣ်လၢအနး, ခိၣ်တယူၤဒီး ဂံၢ်စါ). ပကခိးကွၢ်နၤလၢ တၢ်ဆါပနီၣ်သ့ၣ်တဖၣ်အံၤအဂီၢ်လၢ တၢ်ဆါကတီၢ်အဖုၣ်အတီၢ်ပူၤဖဲနဒီးန့ၢ်ဘၣ် ကသံၣ်ဒိသဒါဝံၤအလီၢ်ခံန့ၣ်လီၤ.

- *There have been reports of severe blood clots after receiving the Johnson & Johnson (Janssen) vaccine. This is very, very rare—affecting a few people out of every million who receive this vaccine. After a careful safety review, the FDA and CDC agree that the benefits of this vaccine far outweigh the risks.*
- တၢ်ဟံၣ်ဖျါထီၣ်သ့ၣ်တဖၣ်အိၣ်ဝဲလၢတၢ်သ့ၣ်ကိၣ်လိၣ်ထီၣ်အၢအၢသီသီ ဖဲအဒိးန့ၣ် the Johnson & Johnson (Janssen)ကသံၣ်တၢ်ဒီသဒါဝံၤအလီၢ်ခံၣ်န့ၣ်လီၤ. တၢ်အံၤတညီၣ်န့ၣ်မၤအသးဘၣ်အါအါဘၣ် - ဘၣ်ဒိဘၣ်ထံးဝဲပုၤၤၤၤၤၤၤ အကကွဲၣ်အကျါ လၢဒီးန့ၣ်ကသံၣ်တၢ်ဒီသဒါအံၤန့ၣ်လီၤ. ဖဲတၢ်ဘိၣ်တၢ်ဘၢတၢ်ကွဲၣ်ကဒါက့ၤလီၤတံၢ်လီၤဆဲးဝံၤအခါန့ၣ်, FDA ဒီး CDC တူၢ်လိာ်ဝဲဒၣ်လၢ ကသံၣ်ဒီသဒါအံၤအဘျူးအဖျိၣ်တဖၣ်န့ၣ်အိၣ်ဒါန့ၣ်ဒီးတၢ်ဘၣ်ယိၣ်သ့ၣ်တဖၣ်န့ၣ်လီၤ.

Tell your care team if you have any side effects that bother you or do not go away. If you have a severe reaction of any kind after receiving the vaccine, call 9-1-1, or go to the nearest Emergency Room.
 တဲဘၣ်နပုၤကဟုကယာ်တၢ်ဖိအဖုမ့ၢ်လၢနအိၣ်ဒီးကသံၣ်အတၢ်ဒိဘၣ်တဖၣ်လၢအမၤတံာ်တၢ်နမ့ၢ်တမ့ၢ်တလီၤမၤက့ၤဘၣ်န့ၣ်တက့ၢ်. နမ့ၢ်အိၣ်ဒီးကသံၣ်အတၢ်ဒိဘၣ်နးနးတခါခါဖဲတၢ်ဒိးန့ၣ်ကသံၣ်ဒီသဒါဝံၤအလီၢ်ခံ, ကိး 9-1-1, မ့တမ့ၢ်လဲၤဆူဂ့ၢ်ဂီၤအူဒါးလၢအဘျူးကတၢ်န့ၣ်တက့ၢ်.

Consent to be vaccinated
အၢၣ်လီၤဟ့ၣ်တၢ်ပျဲလၢတၢ်ဆဲးကသံၣ်ဒီသဒါ

- *I understand that I will be receiving the vaccine checked on page 1. There are risks and benefits to having this vaccine. I have read the fact sheet for this vaccine or had it read to me. I have asked my care team any questions I had.*
- ယနၢ်ပၢၢ်လၢ ယကဒီးန့ၣ်ဘၣ် ကသံၣ်ဒီသဒါလၢဘၣ်တၢ်တိၤနီၣ်ဃာ်အီၤလၢကဘျူးပၤ ၁ န့ၣ်လီၤ. တၢ်သ့ၣ်တဖၣ်အံၤမ့ၢ်ဝဲ တၢ်လီၤဘၣ်ယိၣ်ဒီးတၢ်န့ၣ်ဘျူးတဖၣ်လၢဒီးန့ၣ်ဘၣ်ကသံၣ်ဒီသဒါအံၤန့ၣ်လီၤ. ယဖးဘၣ်တၢ်ဂ့ၢ်အမ့ၢ်အတီလိာ်ကဘျူးလၢကသံၣ်ဒီသဒါအံၤအဂီၢ် မ့တမ့ၢ် ဘၣ်တၢ်ဖးန့ၣ်အီၤဆူယအိၣ်ဝံၤလဲၣ်န့ၣ်လီၤ. ယသံကွၢ်ယပုၤကဟုကယာ်တၢ်အဖုတၢ်သံကွၢ်တခါဂ့ၤတခါဂ့ၤလၢအိၣ်ဒီးယၢဝံၤလဲၣ်န့ၣ်လီၤ.
- *I understand that I am asking that the COVID-19 vaccine be given to me (or to the person named below, for whom I am authorized to make this request).*
- ယနၢ်ပၢၢ်လၢ ယဃုထီၣ်လၢ တၢ်ကဟ့ၣ်ယၤ COVID-19 ကသံၣ်ဒီသဒါ (မ့တမ့ၢ် ဆူပုၤလၢအမံၤအိၣ်လၢအဖီလၢ, လၢယန့ၢ်ဖိန့ၢ်ကမီၤလၢကမၤတၢ်ဃုထီၣ်အံၤအဂီၢ်န့ၣ်လီၤ). ဆူပုၤလၢယအိၣ်ဒီးတၢ်န့ၢ်ဖိန့ၢ်ကမီၤလၢတၢ်ဃုထီၣ်အံၤအဂီၢ်).
- *I agree that Fairview Health Services may bill my health plan or other payers on my behalf and may receive payment of allowed benefits.*
- ယနၢ်ပၢၢ်လၢ ဘၣ်သ့ၣ်သ့ၣ် Fairview Health Services ကဃုတၢ်အဘျူးအလဲလၢယတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အတၢ်ရဲၣ်တၢ်ကျဲၤ မ့တမ့ၢ် ပုၤဟ့ၣ်တၢ်အဘျူးအလဲအဂၤလၢယခၢၣ်စး ဒီး ဒီးန့ၣ်ဘၣ်တၢ်အဘျူးအဖျိၣ်တဖၣ်လၢအဘၣ်တၢ်ပျဲ အဘျူးအလဲသ့ၣ်န့ၣ်လီၤ.

To be signed at the time of vaccination:
တၢ်ကဆဲးလီမံၤဖဲ တၢ်ဆဲးကသံၣ်ဒိသဒါအဆၢကတီၢ်:



<i>Patient Signature (or Authorized Representative)</i> ပုၤဆါအမံၤဆဲးလီၤ (မ့တမ့ၢ်ပုၤန့ၢ်ဖိန့ၢ်ကမိၤခၢၣ်စး)	<i>Date</i> မ့ၢ်နံၤ	<i>Time</i> တၢ်ဆၢကတီၤ	<i>am / pm</i> ဂီၤ/ဟါ
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<i>Authorized Representative's Printed Name</i> ပုၤန့ၢ်ဖိန့ၢ်ကမိၤခၢၣ်စးမံၤစဲကျဲးကွဲးလီၤ	<i>Relationship to Patient</i> အတၢ်ဘၣ်ထွဲလိာ်သးဒီးပုၤဆါ
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(An "authorized representative" is a parent or legal guardian of a patient under age 18, or a legal guardian or health care agent of an adult who lacks decisional capacity. Guardians and agents require a copy of the guardianship court order or health care directive.)
 (“ပုၤန့ၢ်ဖိန့ၢ်ကမိၤခၢၣ်စး” န့ၢ်မ့ၢ်ဝဲမိၢ်ပၢ် မ့တမ့ၢ်ပုၤကွၢ်ထွဲတၢ်ဖိလၢအဖိးသဲးစးကွၢ်ထွဲပုၤဆါ 18 နံၣ်ဆူအဖီလၢာ်, မ့တမ့ၢ်ပုၤကွၢ်ထွဲတၢ်ဖိးသဲးစး, မ့တမ့ၢ်ဆူၣ်ချ့ပုၤမၤခၢၣ်စးန့ၢ်တၢ်လၢအကွၢ်ထွဲပုၤဒိၣ်တုၢ်လၢ အိၣ်ဒီးတၢ်သ့တၢ်ဘၣ်စ့ၤလၢကမၤတၢ်ဆၢတၢ်တဖၣ်. ပုၤကွၢ်ထွဲတၢ်ဒီးပုၤမၤခၢၣ်စးန့ၢ်ကဘၣ်အိၣ်ဒီးစံၣ်ညီၣ်ကွီၢ်အတၢ်ဟ့ၣ်လီၤတၢ်ဘၣ်ကွၢ်ထွဲတၢ် မ့တမ့ၢ် ဆူၣ်ချ့တၢ်ကွၢ်ထွဲတၢ်န့ၢ်ကျဲးအလံာ်ကွဲးဒိန့ၢ်လီၤ.)

To be filled out by health care staff (if an interpreter is used):
ကဘၣ်တၢ် မၤပုၤအိၣ်ဖျိတၢ် အိၣ်ဆူၣ်အိၣ်ချ့တၢ် ကဟုၤကယၢ်ပုၤမၤတၢ်ဖိ (မ့မ့ၢ်လၢပုၤကတီၢ်ကျိးထံတၢ် တၢ်ဘၣ်တၢ် စူးကါအိၣ်):

<i>Date</i> မ့ၢ်နံၤ	<i>Time</i> တၢ်ဆၢကတီၤ	<i>am / pm</i> ဂီၤ/ဟါ
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<i>Interpreter Name</i> ပုၤကျိးထံတၢ်ဖိအမံၤ	<i>Language</i> ကျိၣ်	<i>ID# (if accessed by phone or video)</i> ID နီၣ်ဂံၢ် (မ့ၢ်မ့ၢ်လၢဘၣ်တၢ်မၤန့ၢ်အိၣ်ဖျိဖျိလီၤတဲစ မ့တမ့ၢ် ဘၢ်အိၣ်)
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