



Please print: Maaloo maxxansaa:

Last, First Name: Dhumaa, Maqaa Jalqabaa: _____

Home Address: Teessoo Manaa: _____

Date of Birth: Guyyaa Dhalootaa: _____

COVID-19 Vaccine Screening and Consent
Calallii talallii dhibee COVID-19 fi Waliigaltee

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: Talalliiwwan COVID-19 FDA dhan seeraan hin mirkaneefamne; Isaan faayidaa balaa hatatamaatiif mirkaneeffaman. Maqaa oomisha talallii dhibee COVID-19 kanaa ni argattu:

- Pfizer (see fact sheet)*
- Pfizer (Waraqaa haqaa ilaalaa: www.fda.gov/media/144414/download)
Moderna (see fact sheet)
- Moderna (waraqaa haqaa ilaalaa: www.fda.gov/media/144638/download)
Johnson & Johnson (Janssen) (see fact sheet)
- Johnson & Johnson (Janssen) (Waraqaa haqaa ilaalaa: www.fda.gov/media/146305/download)

Health History
Seenaa Fayyaa

Yes	No	Unknown
Eeyyee	Lakkii	Hin beekamu

1. Have you ever had a COVID-19 vaccine?
Talaallii COVID-19 kanaan dura fudhattanii beektuu?

If you answered Yes: Which brand did you have? When?
Eeyyee jettanii yoo deebistan: Maqaa oomishicha fudhatanii kami? Yoom?

- Pfizer Date of dose #1*
- Pfizer Guyyaa hamma qorichaa #1 _____
Date of dose #2 (if applicable)
Guyyaa hamma qorichaa #2 (Hojiirra ooluu yoo danda'e) _____
- Moderna Date of dose #1*
- Moderna Guyyaa hamma qorichaa #1 _____
Date of dose #2 (if applicable)
Guyyaa hamma qorichaa #2 (Hojiirra ooluu yoo danda'e) _____
- Johnson & Johnson Date of dose #1*
- Johnson & Johnson Guyyaa hamma qorichaa #1 _____
Date of dose #2 (if applicable)
Guyyaa hamma qorichaa #2 (Hojiirra ooluu yoo danda'e) _____

	Yes Eeyyee	No Lakkii	Unknown Hin beekamu
2. <i>Have you ever had a severe allergic reaction (anaphylaxis) after any type of injection (shot) or vaccine?</i> Erga lilmoo yookiin talaallii gosa kamiyyuu booda alarjiikii cimaa anaphylaxis) qabaatte beektaa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Have you ever been told you that you are allergic to polysorbate, polyethylene glycol (PEG) or any ingredients in the above fact sheet?</i> Akka ati polysorbate, polyethylene glycol (PEG) yookin wanttoota waraqaa haqaa irra argaman hunddumaf akka ati alarjiikii qaamaa cimaa akka qabdu sitti himame beekta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Have you been told that you have COVID-19 in the past 14 days?</i> <u>Guyyoota 14 darban</u> keessatti dhibee COVID-19 akka <u>qabdan isinitti himamee beekaa?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Have you been around anyone with COVID-19 in the past 14 days?</i> <u>Guyyoota 14 darban</u> keessatti nama dhibee COVID-19 <u>qabu waliin taatanii beektuu?</u> <i>If you answered Yes: Have you completed your quarantine period (the length of time your care team said you should stay away from others)?</i> Eeyye jettanii yoo deebistan: Yeroon adda baafamanii turuu keessan (turtiin yeroo gareen kunuunsaa keessan sin namoota biroo irraa fagaatanii turuu qabdan jedhan) xumuurtanii jirtuu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Have you received antibodies or plasma to treat COVID-19 in the past 90 days?</i> <u>Guyyoota 90 darban</u> keessatti dhibee COVID-19 yaaluuf qorichawwan ittisa dhibee yookan pilaasmaa fudhataniiirtuu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Have you had Multisystem Inflammatory Syndrome in Children or Adults (MIS-C or MIS-A) due to Covid-19 in the past 90 days?</i> Ijoollee ykn ga'eessota irratti mallattoon siysteemaa hargansuu baayee isiin mudatee beekaa (MIS-C or MIS-A) sababa COVID-19 n <u>guyyoota 90 darbaaniif?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Are you feeling sick today?</i> Hara'a dhukkubbiin isinitti dhagahamaa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Ulfa yoo taatan, Harma hoosisaa yoo jiraatan ykn Yaalii ykn haalaa irraa dandeetti dhibee ittisuu dadhabaa yoo qabatan, maaloo toora internetii kana ilaalaa, www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html, ykn Dhiyeessaa kunuunsa fayyaa keessan dubbisaa

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.*

Faayidaa odeeffannoo keessanii: Unki kuni sin talaallii(wwan) COVID-19 fudhachuu keessan galmeeessuf gargaara. Odeeffannoon huni Giddu gala Odeeffannoo Talaallii Kennaa Minesotaa (MIIC) tiin kuufamee warreen fudhachuuf seeraan eeyyaameetif (dhiyeessitoota eegumsa fayyaa, mannen barnootaa, Giddu gala eegumsa daa'immanii, Qajeelchawwan fayyaa) ni argama. Odeeffannoo dabalataaf, www.health.state.mn.us/people/immunize/miic/public.html daawwadhaa ykn 1-800-657-3970 irratti bilbilaa.

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.*

Kaffaltii: Balaa hatatamaa Federaalaa jalatti, Talaalliin kun bilisaadha, garuu baraarsi keessan marfee (lilmoo) waan siniif kennameef ni kaffala. Daawwanaa keessaniif maaloo odeeffannoo baraarsa keessanii dhiyeessaa.

- *If you don't have your insurance information with you, please call Fairview Clinics 1-888-702-4073 or HealthEast Clinics 651-232-1100.*
- Yoo sin odeeffannoo baraarsaa keessanii fiddanii yoo hin dhufne, Maaloo bilbilaa: Fairview Clinics 1-888-702-4073 ykn 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.*
- Baraarsa yoo hin qabannee, nutti sin gargaaruuf haalota ni qabna. Nuti akka naannoo jiraattaniifi lakkoofsa nageenya hawaasaa **ykn** Warawaa Eenyummaa naannoon kenname ykn eeyyama konkolaachisaa akka dhiyeessitan sin gaafachuu malla.

Reported side effects of COVID-19 vaccines

Miidhaa cinaa Talaalliwwan COVID-19 gabaafaman

Clinical trials have reported these side effects in some people:

Yaalliwwan kiliinikaa miidhaawwan cinaa kanneen namoota muraasa irratti gabaasera:

- *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.*
- Dukkubbii iddoo marfee (Dhukkuubbii, diimicha yookan dhiita'uu iddoo lilmoon itti kenname); baay'ee miira dadhabbii qabaachuu; bowwuu mataa; dhukkuubbii maashaa; qorra qorra jechuu ykn hoo'ina qaamaa; miira dhukkubbii garaa; dhiita'uu xannachootaa; akka waliigalaa miira fayyummaa dhabuu. Kunneen miidhaawwan maddii qoricha talaallii ta'uu malan hunda miti. Dhibeewwan faallaa, dhukkubbiwwan gahuu danda'an hamoon, hedduun isaanii kan beekaman erga talaalliwwan bal'inaan fudhatamanii booddeedha.
- *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.*
- Dhibeen alarjiikii cimaan (harganuu dadhabuu, dhiita'uu fuulaa fi qoonqoo, daddaffiin rukkutuu onnee, diimina qaamaa badaa, rata'uu fi dadhabina). Erga Talaallii kana fudhatanii booda yeroo gabaabaf mallattoowwan dhukkubaa kanneeniif sin daawwana.

- *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.*
- Gabaasni erga talaallii Johnson & Johnson (Janssen) fudhatan booda kantaruun dhiigaa cimaan jirahuccuu himu ni jiraa. Kun kan darbee darbee muudatu—namoota miliyoona kan talaallii kana fudhatan keessaa kan nama muraasa kan miidhu dha. Ofeggannoon erga irra deebiin ilaalamee booda, FDA fi CDC bu'aan talaallii kanaa balaa qabu fagoo akka caalu waliigalan.

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.

yoo miidhaawwan cinaa sin yaaddessuu kamiyyuu ykn baduu dide qabatan garee kunuunsa keessanitti himaa. Qoricha talaallii fudhachuu keessaniif Miidhaa maddii kamiyyuu yoo qabattan kanaan bilbilaa 9-1-1, yookan gara Kutaa Balaa Tasaa dhiyoo jiruutti deemaa.

Consent to be vaccinated

Waliigaltee Qoricha Talaallii Fudhachuuf Taasifamu

- *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.*
- Ani Talaallii fuula 1 irratti sakkata'ame akkan fudhadhu nan hubadha. Talaallii kana fudhachuudhan miidhaawwanii fi bu'aawwan ni jiru. Waraqaa haqaa talaallii kanaa dubbiseera ykn naaf dubbifameera. Garee kunuunsaa kiyyaa gaaffiilee ani qabu kamiyyuu gaafadheera.
- *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).*
- Ani talaalliin COVID-19 akka naaf kennamu (ykn nama maqaan isaa armaan gaditti caqafameef, kanaan ani gaaffii kana gaafachuuf eeyyama qabuuf) gaafachaa akkan jiru nan hubadha.
- *I agree that Fairview Health Services may bill my health plan or other payers on my behalf and may receive payment of allowed benefits.*
- Ani tajajiloonni Fayyaa Fairview iddoo kiyya karoora fayyaa kiyya kaffalchiisuu ykn kaffaltoota biroo kaffalchiisuu fi faayidaawwan eeyyamamaniif kaffaltii fudhachuu akka malu walii gaalera.

To be signed at the time of vaccination:

Yeroo tallaalliin kennamu kan mallatteeffamu:



Patient Signature (or Authorized Representative)
 Mallattoo Dhukkubsataa (yookan bakka bu'aa heeyyamameef)

Date
 Guyyaa

Time
 Sa'aatii

am / pm
 am / pm

Authorized Representative's Printed Name
 Maqaa maxxansaa bakka bu'aa heeyyamameef

Relationship to Patient
 Firummaa dhukkubsaa waliin qabu

(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.)

(“Bakka bu’aan heeeyyameef” maatii yookan guddistuu dhukkubsataa umurii waggaa 18 gadiiti, ykn guddistuu seeraa yookan bakka bu’aa kunuunsa fayyaa ga’eessa dandeettii murteessuu hin qabneeti. Guddistoonnii fi bakka buutonna garagalcha guddistummaa, ajaja mana murtii yookan qajelfama kunuunsa fayyaa isaan barbabachisa.)

To be filled out by health care staff (if an interpreter is used):

Hojjetoota kuununsa fayyaatiin kan guutamu (Hiikaan kan fayyadamamuu yoo ta'e):

_____	_____	_____
<i>Date</i>	<i>Time</i>	<i>am / pm</i>
Guyyaa	Saatii	am / pm

_____	_____	_____
<i>Interpreter Name</i>	<i>Language</i>	<i>ID# (if accessed by phone or video)</i>
Maqaa Turjumaanaa	Afaan	ID# (yoo bilbilaa ykn viidiyoodhaan kan hojjetame ta'e)