



Please print: **Fadlan far waawayn ku qor:**

Last, First Name:
Magaca Dambe, Magaca Hore: _____

Home Address:
Cinwaanka Guriga: _____

Date of Birth:
Taariikhda Dhalashada: _____

COVID-19 Vaccine Screening and Consent
Baaritaanka iyo Oggolaanshaha Tallaalka COVID-19

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:
Tallaalada COVID-19 si rasmi ah umay ansixin FDA; waxa loo ansixiyay adeegsi degdeg ah.
Waxaad qaadan doontaa noocan tallaalka COVID-19 ah:

- Pfizer (see fact sheet)*
- Pfizer (fiiri xaashida macluumaadka: www.fda.gov/media/144662/download)
- Moderna (see fact sheet)*
- Moderna (fiiri xaashida macluumaadka: www.fda.gov/media/144831/download)
- Johnson & Johnson (Janssen) (see fact sheet)*
- Johnson & Johnson (Janssen) (fiiri xaashida macluumaadka: www.fda.gov/media/146798/download)

Health History

Taariikhda Caafimaadka

Yes	No	Unknown
Haa	Maya	Lama Garanayo

1. *Have you ever had a COVID-19 vaccine?*
Miyaad waligaa hore u qaadatay tallaalka COVID-19?

If you answered Yes: Which brand did you have? When?
Haddii aad ku jawaabtay Haa: Noocee ayaad qaadatay? Goorma ayaad qaadatay?

- Pfizer Date of dose #1*
- Pfizer Taariikhda qaadashada #1 _____
- Date of dose #2 (if applicable)*
- Taariikhda qaadashada #2 (haddii ay khuseyso) _____
- Moderna Date of dose #1*
- Moderna Taariikhda qaadashada #1 _____
- Date of dose #2 (if applicable)*
- Taariikhda qaadashada #2 (haddii ay khuseyso) _____
- Johnson & Johnson Date of dose #1*
- Johnson & Johnson Taariikhda qaadashada #1 _____
- Date of dose #2 (if applicable)*
- Taariikhda qaadashada #2 (haddii ay khuseyso) _____

	Yes Haa	No Maya	Unknown Lama Garanayo
2. <i>Have you ever had a severe allergic reaction (anaphylaxis) after any type of injection (shot) or vaccine?</i> Miyaad waligaa hore u yeelatay xasaasiyad daran (anaphylaxis) kadib markii lagu muday ama lagu tallaalay?	<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> Miyaa waligaa hore laguugu sheegay inaad ka xasaasiyootopolysorbate, polyethylene glycol (PEG) ama maaddo kale oo ku jirta xaashida macluumaadka ee kor ku taala?	<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> Hore miyaa laguugu sheegay inuu ku hayo COVID-19 14-kii maalmood ee ugu dambeeyay?	<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> Miyaad ag joogtay qof qaba COVID-19 14-kii maalmood ee ugu dambeeyay? <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> Haddii aad ku jawaabtay Haa: Miyaad dhammeysatay wakhtigaagii karantiilka (muddada ay kooxdaada daryeelku kuu sheegeen inaad ka foggaatid dadka kale)?	<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> Miyaad heshay unugyada difaaca jirka ama balaasma (plasma) si lagaaga daaweeyo COVID-19 90-kii maalmood ee ugu dambeeyay?	<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> Miyuu kugu dhacay Cudurka Bararka Unugyada Jirka ee Carruurta iyo Dadka Waaweyn (MIS-C ama MIS-A) oo uu sababay COVID-19 90-kii maalmood ee lasoo dhaafay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Are you feeling sick today?</i> Miyaad xanuunsanaysaa maanta?	<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.

Haddii aad uur leedahay, caano leedahay (naas-nuujinayso) ama ay nidaamkaaga difaaca jirka daciifisay daawo ama xaalad kale, fadlan eeg boggan internetka, www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html, ama la hadal bixiyahaaga daryeelka caafimaadka.

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.*

Adeegsiga macluumaadka: Foomkan waxa loo adeegsadaa in lagu diiwaangeliyo inaad qaadatay tallaalka(ka/ada) COVID-19. Macluumaadkan waxa lagu keydiyaa Xarunta Xogta Tallaalka ee Minnesota (MIIC) waxaana heli doona kuwa sharci ahaan loo oggol yahay inay qaataan (bixiyayaasha daryeelka caafimaadka, dugsiyada, xarumaha daryeelka carruurta, waaxaha caafimaadka). Si aad u heshid macluumaad dheeraad ah, fiiri www.health.state.mn.us/people/immunize/miic/public.html ama wac 1-800-657-3970.

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.*

Lacagta: Xaaladdan gurmada ee federaalka, tallaalku waa bilaash, laakiin ceymiskaaga ayaa lagu soo daalaci doonaa lacagta muditaanka (duritaanka). Fadlan macluumaadka ceymiska u soo qaado booqashadaada.

- *If you don't have your insurance information with you, please call Fairview Clinics 1-888-702-4073 or HealthEast Clinics 651-232-1100.*
- Haddii aanad sidan macluumaadkaaga ceymiska, fadlan wac Fairview Clinics 1-888-702-4073 ama 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.*
- Haddii aanad lahayn ceymis, waxaanu leenahay hanaan ku caawin kara. Waxa laga yaabaa inaanu ku weydiino inaad noo sheegto xaaladdaada deganaanshaha iyo lambarkaaga sooshiyaal sikiyuuritiga **ama** aqoonsi ama liisanka darawalnimada oo uu bixiyay gobolku.

Reported side effects of COVID-19 vaccines

Waxyeellooyinka weheliya tallaalka COVID-19 ee lasoo wariyay

Clinical trials have reported these side effects in some people:

Tijaabooyinka caafimaad waxay sheegeen in waxyeellooyinkan lagu arkay dadka qaarkii:

- *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.*
- Falceninta goobta muditaanka (xanuun, guduudashada ama bararka meesha tallaalka laga qaatay); dareemida daal badan; madax xanuun; murqo ama kala-goys xanuun; qarqaryo ama xummad; inaad xanuun ka dareento caloosha, qanjo barar; iyo dareemidda guud ee caafimaad darro. Waxa dhici karta inaysan kuwani ahayn dhammaan waxyeellooyinka weheliya ee suurtoogalka ah. Falcelino kale, oo laga yaabo inay daran yihiin ayaa la ogaan karaa kadib marka si baahsan loo adeegsado tallaalka.
- *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.*
- Falcelino xasaasiyadeed oo daran (neefsashada oo adkaata, bararka wajiga iyo cunaha, wadne garaac degdeg ah, finan daran oo jirka kasoo baxa, dawakhaad iyo daciifnimo). Waxaanu kaa eegi doonaa astaamaha wakhti kooban kadib markaad qaadatid tallaalka.
- *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.*
- Waxaa jiray warbixino sheegaya inay jireen xinjirow dhiig oo daran oo ka dhashay qaadashada tallaalka Johnson & Johnson (Janssen). Taasi waa mid aad iyo aad dhif u ah-waxay ku dhacdaa dhowr qof milyankii qof ee tallaalka qaataba. Kadib markay si taxadar leh dib-u-eegis u sameeyeen, FDA iyo CDC waxay isku raaceen in faa'idooyinka tallaalkani ay ka aad uga badan yihiin khataraha.

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.
U sheeg kooxdaada daryeelka haddii aad leedahay waxyeellooyin ku dhiba ama aan iska baabi'in.
Haddii aad isku aragtid falcelin daran noocay doontaba ha noqotee kadib markaad qaadatid tallaalka,
wac 9-1-1 ama tag Qolka Xaaladdaha Degdegga ah ee kuugu dhow.

Consent to be vaccinated
Oggolaanshaha tallaalka qaadashada

- *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.*
- Waxaan fahamsanay inaan qaadan doono tallaalka lagu calaamadiyay bogga 1. Waxaa jira khataro iyo faa'idooyin uu leeyahay qaadashada tallaalkani. Waan akhriyay ama waa la ii akhriyay xaashida macluumaadka ee tallaalkan. Waan weydiiyay kooxdayda daryeelka wixii su'aalo ah ee aan qabay.
- *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).*
- Waxaan fahamsanay inaan codsanayo in tallaalka COVID-19 la i siiyo aniga (ama qofka ku qoran xagga hoose ee awooda la ii siiyay inaan u sameeyo codsigan).
- *I agree that Fairview Health Services may bill my health plan or other payers on my behalf and may receive payment of allowed benefits.*
- Waxaan u oggolaaday Fairview Health Services inay lacagta ku daalacaan qorshahayga caafimaadka ama dadka kale ee iga bixinaya, iyo inay helaan lacagta dheefaha la oggol yahay.

To be signed at the time of vaccination:
Waxa la saxeexayaa wakhtiga tallaalka:



_____	_____	_____	_____
<i>Patient Signature (or Authorized Representative)</i>	<i>Date</i>	<i>Time</i>	<i>am / pm</i>
Saxeexa Bukaanka (ama Wakiilka Loo Xilsaaray)	Taariikhda	Wakhtiga	am/pm

_____	_____
<i>Authorized Representative's Printed Name</i>	<i>Relationship to Patient</i>
Magaca Wakiilka Loo Xilsaaray oo Far Waawayn	Xidhiidhka uu La Leeyahay Bukaanka ku Qoran

(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.)

("Qof loo xilsaaray" waa waalid ama masuul sharci ah ee bukaan ka yar 18 jir, ama masuul sharci ah ama wakiilka daryeelka caafimaadka ee qof qaangaadh ah oo aan lahayn awood uu go'aan ku qaato. Masuuliyiinta iyo wakiilada waxay u baahan yahay nuqul amarka maxkamadda ee masuuliyada ama dardaaranka daryeelka caafimaadka.)

To be filled out by health care staff (if an interpreter is used):
Waxa buuxinaya shaqaalaha daryeelka caafimaadka (haddii la adeegsanayo tarjumaan):

_____	_____	_____
<i>Date</i>	<i>Time</i>	<i>am / pm</i>
Taariikhda	Wakhtiga	am / pm

_____	_____	_____
<i>Interpreter Name</i>	<i>Language</i>	<i>ID# (if accessed by phone or video)</i>
Magaca Tarjumaanka	Luuqada	#Aqoonsiga (haddii laga adeegsaday taleefan ama muuqaal)