

**Tso Cai Rau Txhaj Tshuaj Tiv Thaiiv Kab Mob Tetanus, diphtheria, acellular pertussis (Tdap), Varicella, Meningococcal Conjugate (MCV4) thiab/los yog Human Papilloma Virus (HPV) Vaccine(s)**

Cov lus tau los ntawm daim ntawv no yuav muab siv ua qhov tau txais kev tso cai rau txhaj koob tshuaj tiv thaiiv kab mob Tdap, varicella, MCV4 thiab/los yog HPV nyob rau ntawm koj tus me nyuam lub tsev kawm ntawv. Cov lus no tej zaum yuav muab qhia tawm hauv Wisconsin Immunization Registry (WIR) mus rau lwm cov chaw muab kev pab kev noj qab haus huv uas muaj feem nrog xyuas koj tus me nyuam kom paub tseeb tias tau txhaj cov koob tshuaj tiav tas raws sij hawm.

Qhov kos npe rau nram qab no yog kuv tso cai muab koob (cov) tshuaj tiv thaiiv kab mob no txhaj kuv tus me nyuam: (Kos kom tas cov npe lus uas hais raug sab tom no): <span style="font-size: 2em;">→</span>	<input type="checkbox"/> Tshuaj txhaj Tdap (Tetanus, diphtheria, acellular pertussis) [Yuav tsum tau txhaj (1 koob)]
	<input type="checkbox"/> Tshuaj txhaj Varicella (Chickenpox) [Yuav tsum tau txhaj (2 koob)]
	<input type="checkbox"/> Tshuaj txhaj MCV4 (Meningococcal conjugate) [Xav kom txhaj (1 koob)]
	<input type="checkbox"/> Tshuaj txhaj HPV (Human papilloma virus – rau cov ntxhais nkaus xwb [Yuav tsum tau txhaj (3 koob)]

Tus Tau Txais Koob Tshuaj Txhaj Lub Npe (Lub Xeem, Npe, Ntawv Cim Npe Nrab)	Niam Lub Npe Hluas Nkauj (Lub Xeem, Npe, Ntawv Cim Npe Nrab)
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Qhov Chaw Nyob	P. O. Box	Lub Zos (City)	County	Xeev	Zip Code
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Tus Xov Tooj Hauv Tsev ( )	Hnub Yug (hli/hnub/xyoo)	Yog Poj Niam los Txiv Neej (Gender) <input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam
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Haiv Neej (Kos rau ib qho) <input type="checkbox"/> African American <input type="checkbox"/> American Indian los yog Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific <input type="checkbox"/> White <input type="checkbox"/> Lwm yam	Pawg Neej (Kos rau ib qho) <input type="checkbox"/> Hispanic los sis Latino <input type="checkbox"/> Tsis Yog Hispanic los sis Latino
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**Kev Tsim Nyog Tau Txais Yog Li Cas - Yuav tsum teb seem (section) no kom tas . (Kos kom tas txhua npe lus hais raug)**

Native American  Badger Care  Muaj Ntawv Tuav Pov Hwm, Them Cov Tshuaj Txhaj  
 Tsim Nyog Tau Txais  Tsis Muaj Ntawv Pov Hwm Mob Nkeeg  Muaj Ntawv Tuav Pov Hwm, Tsis Them Cov Tshuaj Txhaj  
**Medicaid**

Tus Kws Kho Mob Lub Npe	Tsev Kawm Ntawv Lub Npe	Qib Kawm (Grade)
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Niam Txiv los sis Tus Neej Saib Xyuas Lub Npe (Xeem, Npe, Ntawv Cim Npe Nrab)	Txheeb Tus Tau Txais Koob Tshuaj Txhaj Li Cas
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Puas kam qhia cov koob tshuaj uas txhaj lawm pub rau Wisconsin Immunization Registry (WIR)?

Kam  Tsis kam

Tau muab ib daim qauv rau kuv thiab kuv tau nyeem tas lawm, los yog muaj neeg tau piav rau kuv, txog tus (cov) kab mob thiab koob (cov) tshuaj uas yuav tau txhaj. Tau muab sij hawm rau kuv nug thiab tau teb rau kuv raws li kuv lub siab xav lawm. Kuv to taub txog cov kev pab (benefits) thiab cov kev piam sij (risks) uas yuav muaj los ntawm (cov) koob tshuaj thiab kom muab koob (cov) tshuaj txhaj rau kuv los yog rau tus neeg uas muaj npe nyob saud uas kuv tau tso cai raws li qhov kom txhaj.

**Wisconsin Medicaid txwv tsis pub xa cov nqi rau qhov (cov) kev pab uas kam them mus rau cov neeg uas tau txais kev pab.** Kuv to taub tias yog kuv yog ib tug neeg uas tau txais kev pab Medicaid / BadgerCare kuv yuav tsis raug them tus nqi khiav ntaub ntawv los sis yuav tsis kom kuv pab nyiaj rau kev khiav ntaub ntawv rau ib koob tshuaj txhaj twg li.

<b>KOS NPE</b> -Tus tau txais koob tshuaj txhaj los sis tus muaj cai kos npe sawv cev tus tau txais koob tshuaj txhaj	Hnub Kos Npe
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**CIA RAU QHOV CHAW UA HAUJ LWM SIV XWB (FOR OFFICE USE ONLY)**

Tdap: route= IM site (circle one) RD or LD dose number= 1  
 Manufacturer \_\_\_\_\_ Lot No. \_\_\_\_\_ VIS date \_\_\_\_\_

Varicella: route= SQ site (circle one) RD or LD dose (circle one) 1 or 2  
 Manufacturer \_\_\_\_\_ Lot No. \_\_\_\_\_ VIS date \_\_\_\_\_

MCV4: route= IM site (circle one) RD or LD dose number= 1  
 Manufacturer \_\_\_\_\_ Lot No. \_\_\_\_\_ VIS date \_\_\_\_\_

HPV: route= IM site (circle one) RD or LD dose (circle one) 1 or 2 or 3  
 Manufacturer \_\_\_\_\_ Lot No. \_\_\_\_\_ VIS date \_\_\_\_\_

Signature and title of person administering vaccine: \_\_\_\_\_ Date vaccine administered: \_\_\_\_\_

LHD clinic address: \_\_\_\_\_

