Neun CHON SUKUN taropwen mumutan angei safeen epetin matter,

EWE OPOS (FLU SHOT)

(KOSE MOCHEN KOPWE NEUNEW PEN MICHON IKA MI ARAW)

M M / D D / Y Y

CHON SUKUN "LAST NAME" | **CHON SUKUN (ITAN WON WINIKAPAN)** | **(M.I.)** | **UPUTIWOM**

EWE SEMIRIT I: ☐**LIPPWE** ☐ **LIPPWE ULUMEN**

ITEN ME NAMPAN NENIOM

"CITY " | "STATE" | "ZIP CODE" | NOUM "PHONE" NON OM ANGANG

EN AT IKA NENGIN? ☐ AT ☐ NENGNIN

ITEN SAM ME INN ("LAST NAME")	(ITAN)	NOUM PHONE NON IMOM	NOUM CELL PHONE:
ITEN OM IWE SUKUN	**EFITUWAN** (FINI EW "KOPWE ACHONA" - "●") JrK K 1 2 3 4 5 6 7 8 9 10 11 12		
ITEN NOUM IWE SENSE (HOMEROOM TEACHER) (AN "LAST NAME", ITAN)	JR K K 1 2 3 4 5 6 7 8 9 10 11 12		
ITEN NOUN EWE CHON SUKUN "DOCTOR" (AN "LAST NAME")	(ITAN)		

NOUM INA "HEALTH INSURANCE": (FINI EW "KOPWE ACHONA" - "●") MI "FREE" EI ANGANGEN EPETI MATTER. NOUM WE "INSURANCE" ESAPW MENI

○ HMSA - SENI ANGANG ○ KAISER - SENI ANGANG ○ UNITEDHEALTHCARE - SENI ANGANG ○ ALOHACARE ○ UHA ○ HMA ○ OHANA ○ ESE WOR INSURANCE

○ HMSA - QUEST ○ KAISER - QUEST ○ UNITEDHEALTHCARE- QUEST ○ CHAMPUS/TRICARE ○ MDX ○ HMAA ○ EKKEI

NAMPAN NOUM "INSURANCE":

Ekkei kapaseis fan, a tongeni anisikich ren ach sipwe sinei ika noum we semirit a tongeni angei ewe epetin matter, **Ewe Opos** (Inactivated influenza vaccine). Kose mochen fini ew ren **WUU** (yes) **AAP** (no), ""kopwe chok achonu non ekena mi kukumos"

	WUU	**AAP**
1. Met noum ei semirit mi piin uri watten semwaw ren an piin ochoch sokun ika angei ekei safei ?	○	○
2. Met noum ei semirit mi piin uri watten semwaw me noomw ren an angei ei oppos?	○	○
3. Met noum ei semirit mi piin uri semwawen wa "Guillain-Bare Syndrome (ew semwengawen wa)?	○	○

Ika pwe ka penuweni WUU ren ekkoch kapaseis, ika kese poniweni ekkoch ekkewe kapaseis, ika kese fen sinei nukunuk ren panuwer, noum we semerit ESAP tongeni Ewe Opos (inactivated influenza vaccine), epwe katou seni ei pekin epeti matter a katou non sukun. Kose mochen porous ngeni noun noum na semirit "doctor".

MUMUTAN AN SEMIRIT REPWE ANGEI EPETIN MATTER: Ngang uwa angei me anea ewe porausen ei safei ren pekin eppetin matter minen non 2015-16 ren ewe mi ninino menun (Flu vaccine, Inactivated). Ua weweiti met ekan ngawan me ochun, ua mutata an Muun Hawaii iwe putain pekin semwaw/pioing (Hawaii Department of Health) me ion a mwokutukut fan iter ren nei iwe semirit, itan a nom asan non ei taropwe, an epwe angei ewe oposun matter **(FLU SHOT)** me ar repwe atou porousen nei iwe ren ei safeei ngeni noun nei iwe "doctor" me putain noun iwe "insurance". Uwa tipeeu ai usapw aleei men are kapung ngeni ewe Muun Hawaii me chiechian kewe chon forata ewe Hawaii Association of Health Plan, me pwal ekkewe chon awaora ekkewe ekkoch programmen alilis; ren osukosuk mi wewe ngeni are epwe fisita pokiten ei angangen Stop Flue lon Sukul. Pwan ew, ua fen angei porousen an Hawaii iwe "Immunization Registry". (katon enan epek)

Signature/Semom Me Inom ika Chon Tutununuk _____Pwinin Maram: ____/_____/_____

FOR ADMINISTRATIVE USE ONLY
(NGENGI CHOK CHON ANGANG)

Vaccine	Date Dose Administered	Dose Size	Site	Route	Vaccine Manufacturer	Lot Number	Expiration Date	VIS Publ. Date	Name, Address, & Title of Vaccine Administrator
Inactivated influenza vaccine	/ /	0.5 ml	RA LA	IM			/ /	/ /	

Reason **FLU SHOT NOT** given:

○ Student had temperature of 100.5º or higher
○ Student's consent form incomplete
○ Student refused **FLU SHOT**
○ Student absent
○ Other: _____