

**Neun CHON SUKUN Taropwen Mumutan Angei Safeen Epetin Maater, OPPOSUN MAATER (FLU SHOT)**  
**(KOSE MOCHEN KOPWE NEUNEU PEN MI CHON IKA MI ARAW)**

M M / D D / Y Y														
CHON SUKUN "LAST NAME"	CHON SUKUN (ITAN WON WINIKAPAN)	(M.I.)	UPUTIWOM											
ITEN ME NAMPAN NENIOM			EWE SEMIRIT I: <input type="checkbox"/> LIPPWE <input type="checkbox"/> LIPPWE ULUMEN											
"CITY"	"STATE"	"ZIP CODE"	NOUM FON NON OM ANGANG		EN AT IKA NENGIN? <input type="checkbox"/> AT <input type="checkbox"/> NENGIN									
ITEN SAM ME INN ("LAST NAME")	(ITAN)	NOUM FON NON IMOM		NOUM CELL PHONE:										
ITEN OM IWE SUKUN	EFITUWAN (FINI EW KOPWE ACHONA "●")													
ITEN NOUM IWE SENSE (HOMEROOM TEACHER) (AN "LAST NAME", ITAN)	JRK	K	1	2	3	4	5	6	7	8	9	10	11	12
ITEN NOUM EWE CHON SUKUN TOKTOR (AN "LAST NAME")	(ITAN)													
NOUM INA "HEALTH INSURANCE": (FINI EW KOPWE ACHONA "●") MI "FREE" EI ANGANGEN EPETI MAATER. NOUM WE "INSURANCE" ESAPW MONI														
<input type="checkbox"/> HMSA - SENI ANGANG <input type="checkbox"/> KAISER - SENI ANGANG <input type="checkbox"/> UNITEDHEALTHCARE - SENI ANGANG <input type="checkbox"/> ALOHACARE <input type="checkbox"/> UHA <input type="checkbox"/> HMA <input type="checkbox"/> OHANA <input type="checkbox"/> ESE WOR <input type="checkbox"/> HMSA - QUEST <input type="checkbox"/> KAISER - QUEST <input type="checkbox"/> UNITEDHEALTHCARE - QUEST <input type="checkbox"/> CHAMPUS/TRICARE <input type="checkbox"/> MDX <input type="checkbox"/> HMAA <input type="checkbox"/> EKKEI   INSURANCE														
NAMPAN NOUM "INSURANCE":														

Ekkei kapaseis fan, a tongeni anisikich ren ach sipwe sinei ika noum we semirit a tongeni angei ewe epetin maater, **Opposun Maater** (Inactivated influenza vaccine). Kose mochen fini ew ren **WUU** (yes) **AAP** (no) iwe Achonu non ekena mi kukumos ("●")

- |  |                       |                       |
|--|-----------------------|-----------------------|
|  | <b>WUU</b>            | <b>AAP</b>            |
| 1. Met noum ei semirit mi piin uri watten semwaw ren an piin ochoch sokun ika angei ekei safei ? | <input type="radio"/> | <input type="radio"/> |
| 2. Met noum ei semirit mi piin uri watten semwaw me noomw ren an angei ei oppos?                 | <input type="radio"/> | <input type="radio"/> |
| 3. Met noum ei semirit mi piin uri samwawen wa "Guillain-Bare Syndrome" (ewe semwengawen wa)?    | <input type="radio"/> | <input type="radio"/> |

**Ika pwe ka penuwani WUU ren ekkoch kapaseis, ika kese penuwani ekkoch ekkewe kapaseis, ika kese fen sinei nukunuk ren penuwer, noum we semerit ESAP tongeni angei ei Opposun Maater (inactivated influenza vaccine), epwe katou seni ei pekin epeti maater a katou non sukun. Kose mochen porous ngeni noum noum na semirit toktor.**

**MUMUTAN AN SEMIRIT REPWE ANGEI EPETIN MAATER:** Ngang uwa angei me anea ewe porausen ei safei a iteni Esinesinen Porausen Safeen Epetin Maater ("Flu") ("Inactivated" ika "Recombinant"): *Met mei auchea ngonuk*, a for non 8/7/2015. Ua weweiti met ekan ngawan me ochun, ua mutata an Muun Hawaii iwe putain pekin samwaw/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 opposun maater (**FLU SHOT**) me ar repwe atu porousen nei iwe ren ei safei ngeni noum nei iwe "doctor" me putain noum iwe "insurance". Uwa tipeu 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 awora ekkewe ekkoch programmen alilis; ren osukosuk mi wewe ngeni are epwe fisita pokiten ei angangen Stop Flu lon Sukun. Pwan ew, ua fen angei porousen an Hawaii iwe "Immunization Registry" (katon enan epek).

Pwinin Maram: \_\_\_/\_\_\_/\_\_\_

Makkei iten Semom/Inom ika Chon Tutumunuk ("Last", "First")      Sihnacheren Semom Me Inom ika Chon Tutumunuk

**FOR ADMINISTRATIVE USE ONLY**  
**(NGENI 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 100.5° or higher
  - Student's consent form incomplete
  - Student refused **FLU SHOT**
  - Student absent
  - Other: \_\_\_\_\_