

# RIJIKUUL Melim Ñan WĀ – WĀ IN FLU

(JOUJ IM KAPTAL LETAIKI KÖN PEN KILMEJ AK BÜLU)

		M M / D D / Y Y	
LAST NAME AN RIJIKUUL EO		FIRST NAME AN RIJIKUUL EO	
ATEREJ AN RIJIKUUL EO		MI (KO)	
BUKON		STATE	
ZIP CODE		TALBON NAMBA IN MWEÖ	
ETAN JINEN AK JEMEN/RIKOKAAJRIRI (LAAJ)		(FIRST)	
ETAN JIKUUL EO AN		TELEPHONE AK	
ETAN RIKAKI IN OM ROOM EO AN (LAAJ, FIRST)		CELL IN RAAN	
ETAN TAKTO EO AN (LAAJ)		KILAAJ JETE (KELET JUON "●")	
INSURANCE IN TAKTO AN RIJIKUUL EO: (KELET JUON "●") Stop Flu in ejelok wonaan. Ejelok bill en enaj etal ñan insurance kompani eo am.		<input type="checkbox"/> JR <input type="checkbox"/> K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 JR K K    1    2    3    4    5    6    7    8    9    10    11    12	
INSURANCE POLICY NAMBA		<input type="checkbox"/> HMSA - PRIVATE <input type="checkbox"/> KAISER - PRIVATE <input type="checkbox"/> UNITEDHEALTHCARE - PRIVATE <input type="checkbox"/> ALOHACARE <input type="checkbox"/> UHA <input type="checkbox"/> HMA <input type="checkbox"/> OHANA <input type="checkbox"/> EJELOK <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"/> KO JET <input type="checkbox"/> INSURANCE	

Kajjitok kein ilal renaj jipan bwe jen jela ajiri eo nejum emaron bok **WĀ IN FLU** (emij kij in flu en ie). Jouj Im kelet **AET** ak **JAAB** ("●") ñan kajjojo kajjitok.

- |  | AET                   | JAAB                  |
|--|-----------------------|-----------------------|
| 1. Ajiri eo nejum enanin ke kar kadök ie uno in wā in flu en?                                    | <input type="radio"/> | <input type="radio"/> |
| 2. Ajiri eo nejum enañin ke kar wā in flu im lap an kadoke?                                      | <input type="radio"/> | <input type="radio"/> |
| 3. Ajiri eo nejum enañin ke bok nañinmij in Guillain-Barré Syndrome (nañinmij in nōöb kauatata)? | <input type="radio"/> | <input type="radio"/> |

**Ñe kwar uak AET Ñan jabdrewöt kajjitök, ak ñe ewör kajjitök en kwar jab uake ūan jidrik, ak kwar jab jela wāwen uake jet ian kajjitök kein, innem ajiri eo nejum emarōñ JAB bök Wā In Flu (emijkij in flu en ie) In jen ibben prokraam in wā in an jikuul. Jouj im kebaake takto eo an ajiri eo.**

**MELIM ÑAN AN AJIRI Wā:** Emōj aō loe im riti kemelele ko kin Wā in ikijen nañinmij in Influenza (Flu) im wā eo (Inactivated ak Recombinant): *Men eo kwoj aikuij in jelā*, ear jeje ilo 8/7/2015. Imelele kon aolep kauatata kab emmon ko ilo an ajiri in neju bok uno in flu in, im ij lelok melim nan Opilj Eo An Jikin Ejmour Ilo Hawaii State im rijerbal ro an bwe ajiri eo neju, eo im ebed etan ilo lontata in melim in, bwe ren maron lelok **WĀ IN FLU** im ij lelok melim bwe ren maron lelok rekoot ko ikijen an ajiri in kar wā in flu nan ibben takto eo an kab insurance kompani eo ej bed ie. Ij kallimur bwe ijamin na ruon im komman claim nae State, aolep member in Hawaii Association Health Plan ro rekar jipan, im aolep program ko jet rekar bok eddo, im rej bar mottan ak rej walok jen program in ikijen Kabojrak Naninmij in Flu ilo Jikuul ko. Bar einwot, ij kamool ke emoj letok melele ikijen Hawaii Immunization Registry (lale likin form in).

Rainin: \_\_\_\_/\_\_\_\_/\_\_\_\_

Etan Jinen im Jemen ak dri-kejbarok eo (LaaJ, First) \_\_\_\_\_ Jikin Jain/Jinen ak Jemen ak Rikaajiriri \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY (NAN WOT JERBAL KO AN OPILJ KO)

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: \_\_\_\_\_