

Vaccine Administration Visit Record (VAVR(Record in Loḷok in Bōk Vaccine))
 Kajin Jukjukin Armej im Consent

Ajri eo ej emḡaan ke kōrā? Emḡaan Kōrā

<input type="text"/> Last Name eo Etan Ajri eo	<input type="text"/> First Name eo Etan Ajri eo	<input type="checkbox"/> Initial loḷap	A A / R R / I I <input type="text"/>
<input type="text"/> Last Name eo Etan Jinen	<input type="text"/> First Name eo Etan Jinen	<input type="checkbox"/> Initial loḷap	Lotak Jouj im kakōlleik boḷk elañne ajri eo ej juon: <input type="checkbox"/> Bo <input type="checkbox"/> "Bo kōn jilu" (triplet)
<input type="text"/> Last Name eo Etan Jinen Ajri eo Mokta jān an Mare	<input type="text"/> / <input type="text"/> Raan in Loḷok an Jinen Ajri eo	<input type="text"/>	

An Ajri eo Atōrej in Jilkinḷok Lōta

<input type="text"/> Jikin Kweilok	<input type="text"/> State	<input type="text"/> Zip code	(<input type="text"/>) <input type="text"/> - <input type="text"/> Talboon Nōm̄ba
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E-mail Atōrej

E-mail Atōrej

<input type="text"/> Last Name eo Etan Taktō eo an Ajri eo	<input type="text"/> First Name eo Etan Taktō eo an Ajri eo
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Emōj aō bōk im riiti Hepatitis B Ennaan in Mejeje kōn Vaccine ekāāltata. Barāinwōt, Emōj aō bōk mejeje ko ikijjien Hawaii Immunization Registry (Hawaii laajrak in Bōbrae) eo (lale likin peba in).

An Jinen/Jemen/Ri-lale eo ekkar ñan kien jain: _____ **Raan:** ____ / ____ / ____

Emōj aō bōk im riiti Ennaan in Mejeje kōn Vaccine kōn kajjojo iaan vaccine ko me renaaj letok. Barāinwōt, Emōj aō bōk mejeje ko ikijjien Hawaii Immunization Registry (Hawaii laajrak in Bōbrae) eo (lale likin peba in).

An Jinen/Jemen/Ri-lale eo ekkar ñan kien jain: _____ **Raan:** ____ / ____ / ____