



Sussex County Health Unit  
544 S. Bedford St.  
Georgetown, DE 19947

Seaford Public Health  
350 Virginia Ave  
Seaford, DE 19973

Milford Health Unit  
253 NE Front St  
Milford, DE 19963

Kent County Health Unit  
805 River Rd.  
Dover, DE 19901

Hudson S.S.C.  
501 Ogletown Rd.  
Newark, DE 19711

**Dosye sou administrasyon vaksen-kont grip**

<b>Non fanmi pasyan an (Tit) :</b>		<b>Premier Non :</b>		<b>Dezyèm non :</b>		<b>Sèks:</b> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Lòt <input type="checkbox"/>		
<b>Adrès :</b>						<b>Nimewo Telefòn:</b>		
<b>Vil:</b>				<b>Eta:</b>		<b>Kòd postal:</b>		
<b>Dat de nesans:</b> mwa/jou/ane		<b>Laj:</b>		<b>Etnisite panyòl:</b> Wi <input type="checkbox"/> Non <input type="checkbox"/>		<b>Etnisite Ayisyen:</b> Wi <input type="checkbox"/> Non <input type="checkbox"/>		
<b>Ras</b> (Make tout sa ki aplike): Blan <input type="checkbox"/> Nwa <input type="checkbox"/> Azyatik <input type="checkbox"/> Natif Awayi/Abitan zile <input type="checkbox"/> Endyen Ameriken/Natif natal Alaska <input type="checkbox"/>								
<b>Asirans medikal</b> Okenn <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP/DHCP* <input type="checkbox"/> Prive <input type="checkbox"/> _____								
<b>Nimewo Medicaid/Medicare :</b>			<b>MCO (si ou gen asirans Medicaid):</b> Highmark <input type="checkbox"/> AmeriHealth <input type="checkbox"/> Lòt <input type="checkbox"/> _____					
<b>Tès depistaj medikal</b>						<b>Wi</b>	<b>Non</b>	<b>Remak klinisyen nan</b>
Èske moun ki gen pou pran vaksen an malad jodi a?						<input type="checkbox"/>	<input type="checkbox"/>	
Èske moun ki gen pou pran vaksen an te janm gen yon reyaksyon alèjik ki grav avek: • Vaksen kont grip la? • Ze, pwoteyin ze? • Latèks kawotchou natirèl oswa lòt bagay? _____						<input type="checkbox"/>	<input type="checkbox"/>	
Èske moun ki gen pou pran vaksen an te janm gen sendwòm Guillain-Barré?						<input type="checkbox"/>	<input type="checkbox"/>	
Konbyen liv moun ki gen pou pran vaksen an peze?						_____ lbs		

Siyati mwen (ki anba a) vle di ke mwen jwenn yon bon kopi deklarasyon enfòmasyon sou vaksen an (VIS) (Vaccine Information Statement, VIS) epi mwen te li, oswa yon moun te eksplike ban mwen enfòmasyon sou maladi grip la ak vaksen an. Mwen te gen chans pou poze kesyon e mwen te satisfè avek repons yo. Mwen konprann risk ak benefis yo jan sa etabli nan VIS la ke yo te ban m nan epi mwen mande pou yo ban m vaksen an. Epitou, ak siyati m mwen mete anba a, mwen bay konsantman mwen nan dokiman sa pou DPH voye bòdwo bay asirans mwen an dapre kalifikasyon mwen pou vaksen mwen te resevwa a.

Siyati \_\_\_\_\_ Dat \_\_\_\_\_

Non moun ki siyen an \_\_\_\_\_  Pasyan  Paran  Gadyen

An lèt detache ki lizib

Pa ekri anba lin sa. Pou klinisyen an itilize sèlman.

NHS \_\_\_\_\_ SHS \_\_\_\_\_ Clinic Location: \_\_\_\_\_

Preparation/Route	Dose	Site	Vaccination Date
Flucelvax®/MDCK Quad P-Free Inj./IM _____	0.5ml _____	RA _____ RT _____ LA _____ LT _____	
Fluarix®/Quad Inj. P-Free/IM _____			
<b>VIS Date</b> 8/07/2015	<b>Date VIS Given</b> _____	<b>Manufacturer:</b> Seqirus, GSK <small>circle one</small>	<b>Lot #</b> _____

Clinician's Signature: \_\_\_\_\_ License Title \_\_\_\_\_

- VFC – Child is under age 19 and [Use FED]
  - Child is enrolled in Medicaid or
  - Child is uninsured or
  - Child is American Indian or Native Alaskan
- Child is enrolled in Delaware Healthy Children's Program (DHCP\*) [Use FED]
  - None of the above (child or adult) [Use STATE]