Geli taariiqaha tallaal walba ee canugaaga helay illaa iyo hadda. Sheeg bisha, maalinta, iyo sannadka xadi walba laga bilow 01/01/2010.

Foomka Tallaalka

Magaca ______________________ Taariiqda-dhalashada ______________

Tallaalada waa looga baahanyahay canug walba, barnaamijyada carruurnimada hore, iyo dugsiga.

Tallaalka	Dhalashada illaa 6 bilood	12 -24 bilood	Dugsiga barbaarinta	Fasalka 7aad	Fasalka 12aad
Hepatitis B					
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)					
Haemophilus influenzae type b (Hib)					
Pneumococcal (PCV)					
Polio					
Measles, Mumps, Rubella (MMR)					
Chickenpox (varicella)					
Hepatitis A					
Tetanus, Diphtheria, Pertussis (Tdap)					
Meningococcal (MCV4)					

Sharciga Minnesota wuxuu uga baahanyahay carruurta ka diiwaangashan daryeelka carruurta, waxbarashada carruurnimada hore, ama dugsiga in laga tallaalo cudurada qaar, illaa canuga sababo caafimaad ahaan ama aan caafimaad aheyn looga dhaafo.

Tilmaamaha waalidka ama masuulka:

1. U buuxi taariiqaha qaab waqtiyeysan xittaa haddii canugaaga ka helay tallaal meel ka baxsan da'da/qeybta fasalka ee sanduuqa ku jiro. Waxay ku xirantahay da'da canugaaga, laga yaabo inaanu wada qaadan tallaalka oo dhan; sanduuqyada qaar way banaanaanayaan.
   - Haddii aad haysatid koobi taariiqda tallaalka canugaaga, waad ku soo lifaaqi kartaa koobiga badelkeedii aad buuxin laheyd horida boggaan.
   - Dhaqtarkaaga ama xarunta caafimaadka ayaa ku siin karto koobiga taariiqda tallaalka canugaaga. Haddii ay kaa maqantahay ama aad u baahantahay warbixin ku saabsan taariiqta tallaalka canugaaga, la hadal dhaqtarkaaga ama soo wac Xiriirka Warbixinta Tallaalka Minnesota (MIIC) ee 651-201-3980 ama 800-657-3970.
2. Saxiix ama hel saxiixyada looga baahanyahay dhabarka foomkaan.
   - Ku qor ka dhaafida caafimaadka iyo/ama aan caafimaadka aheyn ee qeybta 1.
   - Xaqiiji taariiqda cudurka hablo baaska (busbus) ee qeybta 2.
   - Bixi ogolaansho lagu wadaago warbixinta tallaalka (iqtiyaar) ee qeybta 3.

DEPARTMENT OF HEALTH
Immunization Program (Barnaamijka Tallaalka) (2019)
(Somali) www.health.state.mn.us/immunize

Tilmaamaha: Buuxi qeybta 1 si aad u qortid ka dhaafida caafimaadka ah ama aan caafimaadka aheyn, qeybta 2 si aad u xaqiijisid taariiqda cudurka busbuska, iyo qeybta 3 ee ogolaanshaha lagu wadaagayo warbixinta tallaalka.

Magaca ____________________

1. Qor ka dhaafida caafimaadka iyo/ama aan caafimaadka aheyn (A iyo/ama B).

Saar X sanduuqa si aad u tilmaantid ka dhaafida caafimaadka ama aan caafimaadka aheyn. Haddii ay jiraan ka dhaafida oo wax ka badan hal tallaal, ku calaameey tallaal walba X.

Tallaalka	Ka dhaafida Caafimaadka	Ka dhaafida Aan caafimaadka aheyn
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
Haemophilus influenzae type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Ka dhaafimaadka caafimaad: Ee saxiixeyga hoose, waan xaqiijinayaa in canugaan uusan helin tallaalka ku calaameysan X ee jadwalka oo sababo caafimaad ah (ka soo hotjeeda) ama sababtoo ah waxaa jiro xaqiijinta sheybaarka ee in horay loo talaalay.

Saxiixa: ____________________ Taariiqda: __________
(ee dhaqtarka daryeelka caafimaadka*)

B. Ka dhaafida aan caafimaadka aheyn: Canuga loogama baahno inuu helo tallaal ka soo horjeedo caqiidada waalidka ama masuulka. Laakiin, doorashada inaan la tallaalin waxay gelin kartaa caafimaadka ama nolasha canugaaga ama dadka kale ee ay la kulmaan halis. Carruurta aan la tallaalin ee uu ku dhaco cudurka tallaalka looga hortagi karo waxaa looga baahan karaa inay guriga ka joogaan daryeelka carruurta, dugsiga, iyo howlaha kale si markaas loo illaaliyo iyaga iyo dadka kale.

Saxiixeyga, waxaan xaqiijinayaa in canugaan uusan heleyn tallaalada ku calaameysa X ee jadwalka caqiiqada aan haysto darteed. Waan ogahahay in canugeyga looga baahan karo inuu guriga ka joogo daryeelka carruurta, dugsiga, iyo howlaha kale haddii uu xanuunsado.

Saxiixa: ____________________ Taariiqda: __________
(ee waalidka ama masuulka ee joogay nootaayada)

Ka dhaafida aan caafimaadka aheyn waa in sidoo kale la saxiixaa oo ay nootaayo shaambadaysaa:

Dokumintigaan waxaa la qirtay aniga horteyda ______________ (taariiqda)

oo ______________________
(magaca waalidka ama masuulka)

Saxiixa Nootaayada: ______________________

Shaambada Nootaayada

GOBOLKA MINNESOTA, GOBOLKA ______________________

2. Taariiqda cudurka busbuska (busbuska). Canugaan wuxuu qabay busbus bisha iyo sannadka ____________________

Saxiixeyga hoose wuxuu la micna yahay inaan xaqiijiyay in canugaaga uusan u baahneyn tallaalka busbuska sababtoo ah:

- ☐ Waxaan ahay dhaqtar daryeel caafimaad iyo canugaan horay ayaa looga baaray busbuska ama waalidka bixiyeen sharaxaada tilmaameyso in canugaan uu qabay busbus waqtiga la soo dhaafay.
- ☐ Waxaan ahay waalidka ama masuulka iyo canugaan wuxuu qabay busbus Sebteembar 1, 2010 ama wixii ka horeeyay.

Saxiixa: ____________________ Taariiqda: __________
(ee dhaqtarka daryeelka caafimaadka*, wakiilka xarunta caafimaadka bulshada, ama waalidka/ masuulka). Waaladiinta way saxiixi karaan haddii busbus dhacaan ka hor Sebteembar 2010.

*Dhaqtarka daryeelka caafimaadka waxaa lagu sheegey dhaqtar shati haysta kalkaaliso dhaqtar, ama caawiyaha dhaqtarka.

3. Ogolaanshaha lagu wadaagayo warbixinta tallaalka: Dugsigaan wuxuu weydiisanayaa ogolaanshaha lagula wadaago diiwaanka warbixinta tallaalka canugaagad nidaamka warbixinta tallaalka Minnesota. Ogolaansho siintaada waxay:

- Ku siineysaa gelitaan sahlan ee adiga iyo dugsigaaga in la hubiyo diiwaanada tallaalka, sida gelida dugsiga ee sannad walba.
- Ku taageertaa dugsigaaga caawinta looga hortagyo ardayda iyada oo la ogaanayo cida laga yaabo inay u noglaato cudurka ku saleysan diiwaankooda tallaalka. Tani waxay noqon kartaa muhiim inta lagu jiro cudur dilaaca.

Sida waafaqsan sharciga Minnesota, dhammaan warbixinta aad siisay waa qarsoodi oo kaliya waxaa loo siideyn karaa kuwa loo ansixiyay inay helaan. Saxiixida qeybtaan foomka waa iqtiyaar. Haddii aad dooratid inaadan saxiixin, ma saameyneyso caafimaadka ama adeegyada canugaaga helo.

Waan ogolaaday inaan u ogolaado dugsiga canugeyga inay la wadaagaan dokumintiyada tallaalka canugeyga nidaamka warbixinta tallaalka Minnesota:

Saxiixa: ____________________ Taariiqda: __________
(waalidka/masuulka)