



## Doyse Rapote

<b>Tout seksyon obligatwa</b>	
Practice Name (1):	
Ordering Provider (2):	Administering Provider (3):
<b>Enfomasyon sou Pasyan</b>	
Non Pasyan an (non, Prenon) (4):	Seks (6): <input type="checkbox"/> Gason <input type="checkbox"/> Fi
Adres pasyan an (5):	Dat fèt (7): / / <span style="float: right; font-size: small;">Si anba 18 tan, paran/gadyen legal dwe siven anba</span>
Vil, Kod Postal Eta:	Etnisted (8): <input type="checkbox"/> Espanyol <input type="checkbox"/> pa Espanyol
Ras - Chwazi tout sa ki aplike: (9) <input type="checkbox"/> Kayiman/blanch <input type="checkbox"/> Afriken ameriken/noua <input type="checkbox"/> Endyen Ameriken/Alaskan Natif natal <input type="checkbox"/> Azi <input type="checkbox"/> Awayi oswa lot Zile Pasifik <input type="checkbox"/> Lot (Espesifye):	

Imel: \_\_\_\_\_

Teléfon: \_\_\_\_\_

Eske ou gen andikap fizik?  Wi  Non

### COVID Vaksen Enfomasyon: Tanpri ekri an let detache

**Vaccine Date (MM/DD/YYYY)**

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**Manufacturer**

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**Vaccine Expiration Date (MM/DD/YYYY)**

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**Lot Number**

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**VIS/EUA Date (MM/DD/YYYY)**

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**Site (Check One):** RD \_\_\_\_\_ LD \_\_\_\_\_ RA \_\_\_\_\_ LA \_\_\_\_\_ RT \_\_\_\_\_ LT \_\_\_\_\_

**Route (Check One):** IM \_\_\_\_\_ IT \_\_\_\_\_ ID \_\_\_\_\_ NS \_\_\_\_\_ PO \_\_\_\_\_ SC \_\_\_\_\_

**Priority Group / Phase**

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Ranpli pwochen seksyon an epi siyen apre ou fin pale ak klinisyen an.

Vaksen pou yo administre :  Premye Vaksen Piki *Oubyen*  Dezyem Vaksen Piki

Yonn nan sek ki ranpli akote vaksen an (pi wo a) ak siyati mwen (anba a) vle di mwen te bay yon kopi Deklarasyon Enfomasyon Vaksen ki apwopriye epi yo te li, oswa yo te eksplike mwen, enfomasyon sou maladi a ak vaksen an (yo). Mwen te gen yon chans poze kesyon ki te reponn a satisfaksyon mwen. Mwen konprann danje yo epi benefis ki tabli nan deklarasyon an, mwen te mande vaksen an, jan yo te make a.

Siyati: \_\_\_\_\_ Non Siyate \_\_\_\_\_  
 Malad  If Patient Under 18:  Paran  Gadyen legal Ekri an let detache kleman