SALT LAKE COUNTY
HEALTH DEPARTMENT

Foomka kulanka goobta aafamadka COVID
(COVID Vaccine Clinic Encounter Form)

Aymiska Aasaasiga e SelectHealth United Health Care PEHP EMI Health
Aetna Medicare Medicaid Blue Cross Blue Shield
*(MAYA **Focal Point** ama **IND & Fam** Qorshayaalka)*

_____ _____ _____
Magaaga Hora e Bukaanka Magaaga Dembe e Bukaanka Magaaga Dhata e Bukaanka/Hora

_____ _____ _____ _____ Haa Maya
Taaragda Dhalashada Bukaanka Da'da Jinsi Qola Hispanic ama Latino?

_____ _____ _____ _____
Iwaanka Boostada Magaalada Gobalka Nambarka boostada

_____ H M _____ _____
Taleefan; hang qora kornee nambarkan? Shirkada isgaarisiinta taleefanka galanta Iwaanka emaylka

Hariirka qofka qaadadahaya daawada: Is Waaladka/Masuulka Kale: _____

_____ _____ _____ _____ _____
(Hoobo isshey inhayna): Magaaga Waaladka Magaaga Aymiska Aymiska Taaragda Dhalashada Nambarka Siyaasada Nambarka Koohda

1. Geeka sa feyla dereemahayte? **H M**
2. Hasaasiyad cuntooyinka ama daawooyinka? **H M** (Hadii Ha, No'a hasaasiyada: _____)
3. Wal dhabaata e oo kasaabsang talaaladi hora ama miir beel e? **H M**
4. Qaadatey wal tallaal e 14-kii maalmood o lahadhaafi? **H M**
5. Hata go'doon ama karanttiil ya kajerta udurka COVID ama haka deeri? **H M**

   Hadii ha eta, haruun kooheed ya ka noola no'a kasta nagato? **H M**
6. Hadii ada qaadati daawoying dedban o liddi ka e korka sa inka daawoyta COVID-19, 90 maalmood haku wareegdey dhamaayowki? **H M MQ**
7. Haddii ada eta dumar o ada kuwiinta 9 sana, weeldhada kortee uur? **H M MQ**
   Haddi haa eta, wali kikala taliyaane inii kula hadala ku helowka tallaalka OBGYN biyaaga.

ROOJI! ISTI'MAALKA WAAXDA AAFAMAADKA O BES E HOOS
STOP! HEALTH DEPARTMENT USE ONLY BELOW

Administration Pfizer	Administration Moderna	Administration AstraZeneca	Administration Janssen
0001A – First Dose	0011A – First Dose	0021A – First Dose	0031A – First Dose
0002A – Second Dose	0012A – Second Dose	0022A – Second Dose	

CPT	ICD10	Service	Lot #	Site	Dose	Route
91300	Z23	COVID-19 Pfizer			0.3cc	IM
91301	Z23	COVID-19 Moderna			0.5cc	IM
91302	Z23	COVID-19 AstraZeneca			0.5cc	IM
91303	Z23	COVID-19 Janssen			0.5cc	IM

Provider Name: _____

Provider Signature:_____***Date***: _____/_____/_____

Office Use Only

Client PID Number:_____ **Date:**_____/_____/_____

Registered: Employee Name _____ **Close Out: Employee Signature** _____