

Ifishe yo kwa muganga y'urucanco rwa COVID mu gihe kitari citezwe (COVID Vaccine Clinic Encounter Form)

Asiranse y'ibanze:

SelectHealth
Aetna

United Health Care
Medicare
Medicaid

PEHP
Blue Cross Blue Shield
(NAMBA Focal Point or IND & Fam
INTEGURO)

EMI Health

Amatazirano ry'Umugwayi

Izina ry'Umugwayi

Izina ry'Iritazirano ry'Umugwayi

Itariki y'amavuka

Imyaka

Igitsina

Urukoba

Ego
Umwesupanyore canke Umulatino kavukire

Oya

Agasandugu ka posita

Igisagara

Reta

Posita

Ego Oya

Iterefone; dushobora kurungika ubutumwa kuri ino nimero?

Ishirahamwe ritanga umuhora wa terefone

Imeyeri

Ico upfana n'umuntu ariko aronswa imiti:

Wewe nyene

Umuvyeyi/Umurezi

Ikindi:

(Igihe atari wewe nyene): Izina ry'umuvyeyi

Izina rya nyene asiranse

Itariki y'amavuka ya nyene asiranse

Igiharuro c'itegeko

Igiharuro c'umugwi

- Amakuru maki uno musi? **Ego Oya**
- Ukumerwa nabi kuvuye ku mfungurwa canke imiti? **Ego Oya** (Nimba ari ego, andika uko kumererwa nabi uko arikwo
_____)
- Ingorane iyo ariyo yose ivuye ku rucanco rwaheruka canke ukuraba? **Ego Oya**
- Woba wararonse urucanco mu misi 14 iheze? **Ego Oya**
- Woba uri ahiyugaranye canke wegejwe kubwa wafashwe canke ukekwa kuba waradunduye COVID? **Ego Oya**
Nimba ari yego, eowoba uba ahantu haba amatsinda y'abantu ahaho ari ho hose? **Ego Oya**
- Nimba woba waravuye COVID-19 biciye mu basoda b'umubiri wahawe, imisi 90 yoba yaraheze kuva bibaye? **Ego Oya**
Ntibijanye
- Nimba uri umukobwa ukaba urenza imyak 9, urashobora kwibugenga? **Ego Oya Ntibijanye**
Nimba ari ego, tugutera intege kuganira ivyerekeye kuronka urucanco ruvuye ku muganga afashe abakenyezi wawe



HAGARIKA! IBI BIRI HEPFO BIRANA GUSA IGISATA C'AMAGARA MEZA
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** _____

