

## Foomka Ogolaashaha Habitaaytis B (Hepatitis B)

Waan helay waana aqriyey warka ku saabsan talaalka Habitaaytis B oo aay ii soo direen Toronto Public Health. Waan fahamsanahay faa'iidooyinka laga filayo, khatarta jirta iyo saameynta xun ee ilmahayga uga imaneysa talaalka Habitaaytis B iyo cawaaqibta uga iman karta ilmahayga haddii aanan laga talaalin Habitaaytis B. Hoos waxaan ku tilmaamay in ilmahayga uu talaalka Habitaaytis B ka helay meel kale waqti hore waxaana ogolahay in aan la socodsiiyo Caafimaadka Dadweynaha Toronto haddii ilmahayga uu mustaqbalka ka helo talaalka Habitaaytis B meel aan ahayn Caafimaadka Dadweynaha Toronto. Waxaan fahamsanahay in haddii aan siiyo ogolaashayga, Caafimaadka Dadweynaha Toronto aay sameyn doonaan wixii dadaal ah ee ah in la sii wado ama lagu soo gunaanado qadarka talaalka taxanaha ee ku haboon Habitaaytis B ee ilmahayga. Qadar cayiman oo hal iyo laba ah laga yaabee ineey noqoto lagama maarmaan in la siiyo si loo dhameystiro taxanaha, iyadoo ku xiran xaaladda. Waa la ila socodsiiyey muhimadda ah inaan isla markiiba la socodsiiyo dhaqtar wixii falgal xun ee talaalka uu ka sameeyo ilmahayga. Haddii aan u baahdo war dheeraad ah ee talaalkan ama talaalo kale, waxaan **Khadka Warka Talaalada Caafimaadka Dadweynaha Toronto** ka wici karaa **416-392-1250**.

**Mgaca Ardayga:** (Dambe) \_\_\_\_\_ (Koowaad) \_\_\_\_\_

**Taariikhda Dhalashada:** (Sannad) \_\_\_\_\_ (Bil) \_\_\_\_\_ (Maalin) \_\_\_\_\_ **Jinsi:** o Lab ama o Dhedig

**Lambarka Kaarka Caafimaadka Ontario (haddii la heli karo):** \_\_\_\_\_

**Dugsiga:** \_\_\_\_\_ **Fasalka:** \_\_\_\_\_

**Fadlan far-waaweyn si cad ugu qor oo buuxi qeyb(ta/aha) hoose ee ku khuseeya.**

**Qeybta A**

**HAA**, Waxaan u ogolaaday Caafimaadka Dadweynaha Toronto ineey siiyaan qadarka lagama maarmaanka ah ee talaalka Habitaaytis B ilmahayga \_\_\_\_\_ si loo dhameystiro taxana(hiisa/heeda) talaalka Habitaaytis B. Waxaan fahamsanahay in ugu yaraan laba (2) qadar oo cayiman (doses) loo baahan yahay si loo difaaco ilmahayga. Waxaan fahamsanahay in Caafimaadka Dadweynaha Toronto la heli kari doono 24ka bilood ee soo socda ineey siiyaan qadarada cayiman ee lagama maarmaanka ah si ilmahayga loogu dhameystiro taxanaha talaalka Habitaaytis B.

Taariikhda: \_\_\_\_\_ Saxiixa: \_\_\_\_\_  
 yyyy/mm/dd (Hooyo / Aabo / Mas'uul Sharciyeysan)

Taleefan lambar maalintii ah:( \_\_\_\_\_ ) \_\_\_\_\_

**Qeybta B**

Ilmahayga **hadda ka hor** ayaa laga talaalay Habitaaytis B. Talaalka Habitaaytis B wuu ka duwan yahay talaalka Haemophilus influenzae nooca b (ama Hib) ee dhalaanka laga talaalo.

Taariikhda Qadarka (Dose) Koowaad Talaalka \_\_\_\_\_

Taariikhda Qadarka (Dose) Labaad Talaalka \_\_\_\_\_

Taariikhda Qadarka (Dose) Sedexaad (haddii la siiyey) \_\_\_\_\_

Taariikhda Qadaro (Doses) Dheeraad ah \_\_\_\_\_

**Qeybta C**

**MAYA**, Ma rabo in Caafimaadka Dadweynaha Toronto eey siiyaan ilamahayga talaalka Habitaaytis B \_\_\_\_\_.

Taariikhda: \_\_\_\_\_ Saxiixa: \_\_\_\_\_  
 yyyy/mm/dd (Hooyo/ Aabo/ Mas'uul Sharciyeysan)

Warka shaqsiga ah ee foomkan waxaa ururiyey Baranaamijka Cudurada Laga-hortagi-karo ee Caafimaadka Dadweynaha Toronto. Wixii war ah ee ku saabsan sida aan u dhowrno qarsoodinimada wararka caafimaadka shaqsiga ah. Arag Ooraahda Shaqsiga ee Caafimaadka Dadweynaha Toronto [www.toronto.ca/health/information\\_practice\\_statement.htm](http://www.toronto.ca/health/information_practice_statement.htm) haddii su'aalo ku saabsan habkan fadlan la xiriir Khadka Wararka Talaalada 416-392-1250.

## FOR NURSE'S USE ONLY

NURSING ASSESSMENT QUESTIONS	DOSE ONE	DOSE TWO
1. Have you received needles for Hepatitis B immunization before today?	o yes   o no	<b>Dose One Date Checked Adequate Spacing Evident</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____
2. Have you ever had a reaction to any immunization in the past?	o yes   o no	
3. Did you have any reaction to the first Hepatitis B needle?  Did you receive any Hepatitis B needle since your first dose?		o yes   o no  o yes   o no
4. Do you understand what the needle is for?	o yes   o no	o yes   o no
5. Are you allergic to the following: i/ Thimerosal ii/ yeast iii/ aluminium iv/ other	o yes   o no o yes   o no o yes   o no _____	o yes   o no o yes   o no o yes   o no _____
6. Are you sick today with anything more than a cold?  Do you have a fever?	o yes   o no  o yes   o no	o yes   o no  o yes   o no
7. Do you have any serious health problems?  Are you taking any medication that may lower your immune system, e.g. anti-cancer agent?	o yes   o no  o yes   o no  Comments:	o yes   o no  o yes   o no  Comments:
8. Are you pregnant?  Do you think you might be pregnant?	o yes   o no  o yes   o no	o yes   o no  o yes   o no
<b>Vaccine Information:</b>	Vaccine: Recombivax      Dose: <b>1 ml or .5ml</b> Lot # _____ R / L deltoid                      Route: <u>  IM  </u> Date: _____      Time: _____  _____ Signature of Nurse	Vaccine: Recombivax      Dose: <b>1 ml or .5ml</b> Lot # _____ R / L deltoid                      Route: <u>  IM  </u> Date: _____      Time: _____  _____ Signature of Nurse
<b>Nursing Notes:</b>	[ ] Self Loaded    [ ] Loaded by: _____	[ ] Self Loaded    [ ] Loaded by: _____