

## Talaalka dhalinyarada Da'da 9-13

Waxaad ku kasban kartaa kaarka hadiyadda oo ay ku jirto \$25 si aad u dhammaystirto hal tallaalka oo ah Talaalka xanuunka dhimirka (MCV), tallaalka koowad waa tallalka xanuunka Teetanada, Gawracatada iyo Xiiq-dheerta Tallaalka labad oo ah HPV (Tallaalka oo leh taariikho kala duwan) ka hor intaan la gaarin dhalashadaada maalinta 13aad.

### Si aad u kasbato kaarka hadiyadda:

- Waa inaad tahay xubin ka tirsan Hennepin Health wakhtiga aad qaadanayso tallaalkaada iyo marka foomarka la furayosariftay.
- Adeeg bixiyahaagu waa inuu kujiraa shabakada Hennepin Health.
- La xidhiidh adeeg bixiyahaaga si aad u ballan ugu samaysato tallaalkaada.

### Raac tilmaamahan si aad u hesho kaarkaaga hadiyadda:

1. Buuxi qeybta xubinta ee foomka hoos ku xusan kana codso adeeg bixiyahaaga inuu buuxiyo qaybta adeeg bixiyaha.
2. Marka foomka la buuxiyo ku soo celi Hennepin Health.
3. Waxaad heli dontaa kaarkaada hadiyada 4-6 toddobaad gudahood.

Fiiro gaar ah: Kama badali karno kaararka hadiyadaha lumay ama la xaday.

Haddii aadan sameyn xulashada kaarka hadiyadda, mid waan kuu sameyn doonaa.

- Sanduuqan sax haddii aad rabto inaad ka soo qaadato kaadhkaaga hadiyada Xarunta Adeegga Xubinta.

## Su'aalo?

Wac Adeegyada katirsan Hennepin Health.

Gudaha: 612-596-1036

TTY: 711

Booqo *Healthwise Knowledgebase*® si aad wax badan uga ogaato talaallada iyo wixii agabyo dheeri ah: [www.healthwise.net/hennepin](http://www.healthwise.net/hennepin)

*Ku buuxi  
foomkan adeeg  
bixiyahaaga*



Waxaa buuxinaya xubinta		
Magaca hore	Magaca Dhexe ee hore	Magaca dambe
Taariikhada dhalashada	Lambarka Aqoonsiga ee Hennepin Health	Lambarka telefoonka
Cinwaanka wadada	Guryaha #	
Magaalada	Gobolka	Lambarka boostada
Doorashada kaarka hadiyadda		
<input type="checkbox"/> Target		<input type="checkbox"/> Walmart
Waalidka/masuulka sharciga ah	Magaca Dhexe ee hore	Magaca dambe
To be completed by provider		
Please indicate the completed vaccinations below:		
<input type="checkbox"/> Date of Meningococcal vaccine _____	<input type="checkbox"/> Date of 1st HPV vaccine _____	
<input type="checkbox"/> Date of Tdap vaccine _____	<input type="checkbox"/> Date of 2nd HPV vaccine _____	
Provider signature	Date	
Clinic name/clinic stamp	Clinic phone number	
<b>Hennepin Health use only</b>		
Approved by:		

Barnaamijkan abaalmarinta wuu is beddeli karaa ogeysiis la'aan. Wac Adeegyada Xubnaha si aad u hesho macluumaadka ugu dambeeyay.

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HALKAAN

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**Hennepin Health 612-596-1036**  
**Monday–Friday, 8 a.m.–4:30 p.m.**

Attention. If you need free help interpreting this document, call the above number.

Thov ua twb zoo nyeem. Yog hais tias koji xav tau kev pab txhais lus rau tsab ntau ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

LB2 (10-20)



612-596-1036  
hennepinhealth@hennepin.us

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DHS approved 12/12/2023  
QM-1540-MC SOM

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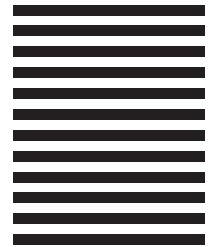
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**Foojarka tallaalka  
dhalinyarada  
— kaarka hadiyadda  
oo ay ku jirto \$25**

