Anwòlman ak swivi nan sistèm iminizasyon Konnektikèt (“CIRTS”)

Biwo anwòlman ak administrasyon: DPH, 410 Capitol Avenue - MS #11 MUN, Hartford, CT 06134-0308 Telefòn: (860) 509-7929

Timoun pote espwa ak lajwa men responsablite tou. Depatman Sante piblik Konnektikèt vle ede-ou kenbe bebe-ou an sante. Kifè lap asire-li bebe-ou-a resevwa tout iminizasyon li bezwen. Disi tan li rive 2 anne bebe-a dwe resevwa deja ant 15 ak 19 piki. Sa fè anpil pou ou sonje! Nou ka ede. Nap anwole pitit-ou nan Sistèm Iminizasyon Konnektikèt-la **(CIRTS)**.

CIRTS (Anwòlman ak swivi nan sistèm iminizasyon Konnektikèt):

- swiv kantite piki pitit-ou pran epi fè ou-menm oswa doktè-ou konnen si pitit-ou rate yon piki
- kite yon nouvo doktè oswa klinik jwenn istwa pitit-ou si ou ta chanje doktè oswa klinik
- ba-ou rapidman dat piki pitit-ou dwe pran pou gadri, lekòl oswa kan. Pa gen tann ankò!
- ba-ou san pwoblèm ransèyman pou lavni – menm si wap deplase kite Konnektikèt oswa doktè bebe-ou-a pran retrèt

WÒL PIKI-YO! Yo pwoteje pitit-ou kont lawoujòl, malmouton, polyo, koklich, mennenjit ak saranpyon. Anpil fanmi pa janm wè maladi-sa-yo men yo ka danjere. Chak anne yo koze timoun mouri oswa andikape. Maladi-sa-yo ka koze gratèl, lafyèv, tous, etoufman, chòk serebral, pwoblèm kè, pwoblèm tande, avègleman.

Yap kenbe ransèyman sou iminizasyon bebe-ou konfidansyèl. Yap pataje-yo sèlman avèk doktè-ou, klinik oswa travayè sante kap ede-ou lè ou rate yon randevou. ***Yo pap pataje-li avèk okenn ajans imigrasyon.***

WI MWEN VLE PITI-MWEN ANWOLE (Tanpri ekri an lèt detache)

Non bebe-a: _____ Dat li fèt: ____/____/____ Gason Fi
(prenmye non) (inisyal) (non fanmi) mwa jou anne (tanpri ansèkle)

Non manman: _____ Dat manman fèt: ____/____/____
(prenmye non) (non anvan maryaj) (non fanmi) mwa jou anne

Adrès: _____ Vil: _____ Leta: _____ Zipkòd: _____

Telefòn # (____) _____ Telefòn ijans # (____) _____ Non kontak nan ka ijans? _____

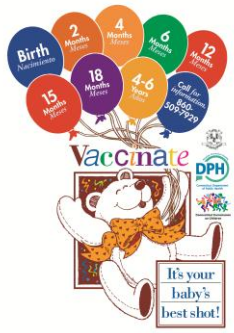
Non doktè BEBE-a: _____ Non klinik oswa Gwoup doktè: _____

Nan ki vil doktè-a oswa klinik-la ye? _____ Nan ki lopital bebe-a te fèt? _____

MWEN BAY PÈMISYON pou ransèyman sou pitit-mwen rantre nan rejis **CIRTS**. Mwen otorize pèsonnèl CIRTS reprezantan otorize-yo wè oswa itilize ransèyman-sa-yo. Otorizasyon-sa-a valab tou pou founisè swen sante ki an bònfwa avèk lezòt-yo ap chèche konnen pou dyagnostik, tretman oswa konfimasyon eta iminizasyon pitit-mwen.

→ _____ Dat: ____/____/____
Siyati fanmi mwa jou anne

Si ou pa vle patisipe siyen nan kazye anba-a osnon pitit-ou va anwole otomatikman nan CIRTS



NON M PA VLE PITIT-MWEN ANWOLE (Tanpri ekri an lèt detache)

Non bebe-a _____ D / N ____/____/____
prenmye inisyal non fanmi mwa jou anne

Lopital li fèt _____ Non manman-an _____
prenmye non anvan maryaj non fanmi

M PA bay pèmisyon pou pitit-mwen anwole nan pwogram CIRTS.

→ _____ Dat: ____/____/____ Rezidan CT? (WI/NON) _____
Siyati fanmi mwa jou anne

CIRTS se yon pwogram Depatman Sante Piblik Konnektikèt

CT Immunization Registry and Tracking System (CIRTS)
CT Department of Public Health Immunization Program
410 Capitol Avenue MS #11 MUN Hartford, CT 06134-0308 Tel: 860-509-7929 Fax: 860-509-8370

CONGRATULATIONS ON THE BIRTH OF YOUR BABY! The arrival of your newborn brings hope and joy but also responsibilities. The Connecticut Department of Public Health wants to help keep your baby healthy by making sure your baby gets all the immunizations (baby shots) he or she needs. Your child needs 15-19 separate shots by age 2. This is a lot to remember! We can help by enrolling your child in the Connecticut Immunization Registry and Tracking System **(CIRTS)**.

CIRTS (CT Immunization Registry and Tracking System) will:

- keep track of your child's shots and will let you or your doctor know if your child has missed a shot
- let a new doctor or clinic find your child's history if you change doctors or clinics
- quickly give you the dates of your child's shots for daycare, school, camp, even college. No more waiting!
- easily provide you information in the future--even if you move away from Connecticut or your baby's doctor retires

SHOTS WORK! They protect your child against measles, mumps, polio, whooping cough, meningitis and chickenpox. Many parents have never seen these diseases, but they can be dangerous. Every year, children die or are disabled because of them. These diseases can cause rashes, fevers, coughing, choking, brain damage, heart problems, deafness and blindness.

Information about your baby's immunizations will be kept confidential. It will only be shared with you, your doctor or clinic or health workers who will assist you with missed appointments. *If you want more information, please check with your nurse or watch the* CIRTS video *available in all birthing hospitals in CT. You may also call the CT Department of Health for a brochure.*

YES, I WANT MY CHILD TO BE ENROLLED (Please Print) (*Doy Permiso*)

Baby's Name:_____Date of Birth:_____/_____/_____ Sex: Boy Girl
(first) (middle) (last) month day year (please circle)

Mother's Name : _____ Mother's Date of Birth: _____/ _____/ _____ (first) (maiden)
(last) monthday year

Address:_____ Town:_____State:_____Zipcode: _____

Phone # (_____)_____Emergency Phone # (_____)_____ Name of Emergency Contact? _____

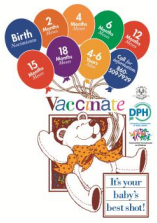
Name of BABY's doctor:_____Name of the BABY's Clinic or Group Practice:_____

In what town is this doctor/clinic/practice?_____In which hospital was your baby born?_____

I GIVE PERMISSION for information on my child to be entered into the **CIRTS** registry. I also authorize use of or access to this information by CIRTS personnel or their authorized representatives, or my health care provider making good faith inquiries for the purposes of diagnosis, treatment or confirmation of immunization status-related issues pertaining to my child. (**Doy permiso** para que la información de mi hijo sea registrada en el proyecto de Inmunización.)

→ _____ Date: _____/_____/_____
Signature of Parent (Firme de madre/padre) month day year

If you do not wish to participate, sign the box below or your child may automatically be enrolled into CIRTS



NO, I DO NOT WANT MY CHILD ENROLLED (Please print) (*No Autorizo*)

Baby's name_____DOB____/____/_____
first middle last month day year

Birth Hospital _____Mother's name_____
first maiden last

I do NOT give permission for my child to be entered into the CIRTS Program.
(**No autorizo** que la información de mi hijo sea registrada en el projecto de Inmunización)

→_____ Date: _____/_____/_____ CT Resident? (YES/NO) _____
Signature of Parent (Firme de madre/padre) month day year

CIRTS is a program of the CT Department of Public Health

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