FOOMKA NIDAAMKA BULSHADA



**Foomka Ogolaanshaha Barnaamijka Shaybaadhka COVID19 ee SY22**

1. **Hordhac**
2. **Heshiiska Ogolaanshaha**
3. **Macluumaadka Shakhsi Ahaaneed**
4. **Doorashada Dugsiga**

Yoolkeena shaybaadhka COVID-19 waxaa weeye in la xaqiijiyo in ardayda iyo shaqaaluhu si amaan ah uga qayb geli karaan waxbarashada foolka-foolka ah iyada oo la yaraynayo saamaynta baahsanaanta karantiilka ardayda, qoysaskooda iyo dugsiyada.

Foomkan waxaa ku jira dalabka ogolaanshaha shaybaadhka ardaygaaga, macluumaadka ku saabsan sida macluumaadka shaybaadhka loo wadaagi karo, iyo sharaxa noocyada shaybaadhka ee dugsigeenu bixiyo. Waxaa dhici karta in aanu adeegsano wax ka badan hal nooc oo shaybaadh ah waqti kasta maadaama oo mid kastaaba uu leeyahay ujeedo gaar ah.   Wixii macluumaad dheeraad ah, fadlan eeg [tilmaamahan la kaalmaysan karo ee ku saabsan agabka shaybaadha mustaqbalka](https://education.vermont.gov/documents/COVID-19-response-testing-at-a-glance-flowchart)  (linki Ingiriisi ah) ee dugsigeenu bixiyo.

**Dhammaan shaybaadhadu waa ikhtyaar oo ogolaanshe ayay u baahan yihiin.**

**Foomkan ogolaanshuhu KALIYA waxaa loogu talo geley shaybaadhka iyada oo lagaga jawaabayo kiisaska laga heley dugsiga, gaar ahaan isticmaalka PCR, LAMP ama shaybaadhka antigen. Shaqaalaha ama qoysaska leh arday doonaya inay ka qayb galaan shaybaadh kormeerka todobaadkii waxaa looga baahan yahay inay buuxiyaan [foom ogolaanshe oo gaar ah](https://www.cic-health.com/consent/vt) (linki Ingiriisi ah).**

Xiga



## Foomka Ogolaanshaha Barnaamijka Shaybaadhka COVID19 ee SY22

1. **Hordhac**
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**Waxaan u buuxinayaa foomka/aniga oo ah: loo baahan yahay**



### Heshiiska Ogolaanshaha

#### WARGELINTA WADAAGGA MACLUUMAADKA

Macluumaadka ku saabsan ilmahaaga yar iyo natiijada shaybaadhkiisa waxaa lala wadaagi doonaa hay'adaha qaar sida Vermont, qandaraaslayaasha iyo bixiyayaasha si loo taageero barnaamijka shaybaadhka. Macluumaadkan waxaa loo wadaagi doonaa ujeedada caafimaadka dadwaynaha, waxaana kamid ah wargelinta cida uu u dhawaaday ilmahaagu hadii uu u u baylahay COVID-19, iyo qaadida talaabooyin kale si looga hortago ku faafitaanka COVID-19 ee bulshada.

Macluumaadka ku saabsan ilmahaaga waxaa lala wadaagi karaa hay'adaha Vermont, qandaraaslayaasha iyo bixiyayaasha adeega ee samaynaya Shaybaadhka COVID-19, oo ay ku jiraan magaca ilmaha iyo natiijada shaybaadhka COVID-19, taariikhda dhalashada/da'da, jinsiga, qoomiyada/isirks, magaca dugsiga/xarunta, macalinka iyo lataliyaha, dugsiga/xarunta/meesha uu ku jiro iyo taariikhda xaadiriska, iyo barnaamijka dugsiga kadib ama barnaamijyada kale ee uu ku jiro, magacyada xubnaha kale ee qoyska ama koriyaha, cinwaanka, lambarka taleefanka, iyo cinwaanka iimeelka.

Waaxda Caafimaadka ee Vermont waxay u shaacin doontaa si furan macluumaadka ay ka hesho kiisaska COVID-19 ee dugsiyada. Macluumaadka ilmahaaga waxaa kaliya loo baahin doonaa si waafaqsan sharciga ku haboon iyo siyaasada hay'adeena ee ilaalisa ardayga iyo sirta cida xarunta timaada iyo amaanka macluumaadka ilmaha yar.

* Marka aan hoos saxeexo, waxa aan ogolaaday [ilmahayga/naftayda] inuu ka qayb galo [Noocyada Shaybaadhka COVID-19](https://education.vermont.gov/documents/covid-19-testing-types-flowchart) (linki Ingiriisiya):

        o   Shaybaadhka PCR ee dugsiga

        o   Shaybaadhka PCR ee guriga

        o   Shaybaadh la Socodka shaybaadhka Antigen

* Waan fahansanahay in hadii ilmahayga uu u dhawaado cid qabta ama uu yeesho astaamo, waxaa laga dalban doonaa inay ka qayb galaan shaybaadhka lagaga jawaabayo COVID-19
* Waxaan fahansanahay in nooca shaybaadhka (kor lagu sheegey) uu kala duwanaan karo oo uu ku xidhan yahay xaalada ([Shaybaadhka COVID-19 ee At A Glance](https://education.vermont.gov/documents/covid-19-testing-at-a-glance-flowchart) – linki Ingiriisiya).
* Waxa aan halkan ku cadaynayaa in aan ahay waalidka ama koriyaha sharciga ah ee bukaanka, ama aan ahay bukaanka oo ay da’daydu tahay ugu yaraan 18 jir.
* Waxa la i siiyay fursad aan ku waydiiyo su'aalo ku saabsan noocyada shaybaadhka kor lagu sheegey.
* Waxaan fahansanahay in shaybaadhka ka jawaabida COVID-19 uu yahay ikhtiyaar, oo aan diidi karo in aan(in ilmahaygu uu) ka qayb galo wakhti kasta.
* Waxaan fahansanahay in hadii aan diido in aan (in ilmahaygu uu) ka qayb galo shaybaadhka ka jawaabida COVID-19, ilmahayga/ aniga in laga dalban karo in aan galno karantiil.

Waxaan akhriyay, ogolaaday oo aan bixiyay ogolaanshaha bayaanada sare. Loo baahan yahay,

Haa

Waxaan akhriyay, ogolaaday oo aan bixiyaya ogolaanshaha bayaanka sare. waa waajib.

Fadlan ha sii wadin buuxinta foomkan hadii aanad ogolaanin.

NoqoXiga

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## Foomka Ogolaanshaha Barnaamijka Shaybaadhka COVID19 ee SY22

1. **Hordhac**
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Macluumaadka Shakhsi Ahaaneed iyo Guud Waalidka ama Koriyaha waajib





Magaca Kaqayb Galaha Shaybaadhka loo baahan yahay





Cinwaanka loo baahan yahay











**Taleefanka loo baahan yahay**



**Iimeel**



Jinsiga Uu U Dhashay Ka Qaybgalaha Shaybaadhku loo baahan yahay

Dheddig

Lab

Kuwo kale

Qoomiyada/Macluumaadka Guud ee Ka Qayb Galaha Shaybaadhka

Hindida Maraykanka ama Dhalad Alaska

Aasiyaan

Madaw ama Maraykanka Madaw

Dhalad Hawaii ama Jasiiradaha Kale ee Baasifiga

Cadaan

Lama garanayo

Diiday inuu ka jawaabo

Fadlan dooro qoomiyada/macluumaadka guud ee aad isku taqaan.

Miyuu ka qayb galaha shaybaadhku u shaqeeyaa waaxda daryeelka caafimaadka? loo baahan yahay

Haa

Maya

Miyaa ka qayb galaha shaybaadhku deggan yahay guryo la wadaago (sida, xarumaha daryeelka mudada dheer, jeel ama hoy)? Loo baahan yahay – jawaabta ku sii jirtaa waa “Maya"

Haa

Maya

NoqoXiga

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## Foomka Ogolaanshaha Barnaamijka Shaybaadhka COVID19 ee SY22

1. **Hordhac**
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### Macluumaadka Dugsiga

**Ururka Kormeera waa loo baahan yahay**



**Dugsiga loo baahan yahay**



NoqoGubdi

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PUBLIC SYSTEM FORM



**SY22 COVID19 Testing Program Consent Form**

1. **Introduction**
2. **Consent Agreement**
3. **Personal Information**
4. **School Selection**

Our goal for COVID-19 testing is to ensure that students and staff can safely participate in in-person learning while reducing the impacts of widespread quarantine on students, their families and schools.

This form includes a request for consent to have your student tested, details about how test information may be shared, and a description of the testing types that our school is offering. We may be using more than one testing type at any given time because each has a different purpose.   For more information, please review this [helpful guide on the potential testing tools](https://education.vermont.gov/documents/COVID-19-response-testing-at-a-glance-flowchart) (link in English) that our school may offer.

**All testing is voluntary and will require consent.**

**This consent form is ONLY for testing in response to a positive case at school, specifically using PCR, LAMP or antigen tests. Staff or families with students interested in participating in weekly surveillance testing will need to complete a**[**separate consent form**](https://www.cic-health.com/consent/vt) **(link in English).**

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## SY22 COVID19 Testing Program Consent Form

1. **Introduction**
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**I am completing this form for/as a: required**



### Consent Agreement

#### NOTIFICATION OF INFORMATION SHARING

The information about your minor and his or her test results will be shared with and among certain Vermont agencies, contractors and providers to support the testing program. This information will be shared only for public health purposes, which may include notifying close contacts of your minor if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your community.

Information about your minor may be shared with the Vermont agencies, contractors and service providers conducting COVID-19 Testing, and includes your minor's name and COVID-19 test results, date of birth/age, sex, race/ethnicity, school/camp names, teacher(s) and counselors, classroom/cohort/pod enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone number, and email address.

The Vermont Department of Health will report publicly data they receive about COVID-19 cases in schools. Your minor’s information will only be shared in accordance with applicable law and our organization's policies protecting student and camper privacy and the security of your minor's data.

* By signing below, I am consenting [for my child / myself] to participate in the following [COVID-19 Testing Types](https://education.vermont.gov/documents/covid-19-testing-types-flowchart) (link is in English):

        o   In school PCR testing

        o   Take home PCR testing

        o   Test to Stay Antigen testing

* I understand that if my child is a close contact or symptomatic, they will be asked to participate in COVID-19 response testing
* I understand that the type of testing (the options above) may vary and is dependent on the situation ([COVID-19 Testing At A Glance](https://education.vermont.gov/documents/covid-19-testing-at-a-glance-flowchart) – link is in English).
* I certify that I am the parent or legal guardian of the patient, or I am patient and at least 18 years of age.
* I have been given the opportunity to ask questions about the test types outlined above.
* I understand that school COVID-19 response testing is voluntary, and that I may decline to (have my child) participate at any time.
* I understand that if I decline to (have my child) participate in COVID-19 response testing, my child / I may be asked quarantine.

I have read, agree and consent to the above statements. required,

Yes

I have read, agree and consent to the above statments. is required.

Please do not continue filling out this form if you do not agree.

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## SY22 COVID19 Testing Program Consent Form

1. **Introduction**
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Personal and Demographic InformationParent or Guardian required





Testing Participant Name required





Address required











**Phone required**



**Email**



Testing Participant Biological Sex required

Female

Male

Other

Testing Participant Race/Demographics

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Unknown

Refused to answer

Please select the race/demographic that you identify with.

Is the testing participant employed in the healthcare industry? required

Yes

No

Does the testing participant live in congregate housing (e.g. long-term care facility, correctional facility or shelter)? Required – default response set to “No”

Yes

No

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## SY22 COVID19 Testing Program Consent Form

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### School Information

**Supervisory Union required**



**School required**



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