



Patient Eligibility Screening Record

Vaccines for Children (VFC) Program

Please Print

Date: _____

Patient _____
Last Name First Name MI

Date of Birth _____

Parent/Guardian _____
Last Name First Name MI

Provider: _____

A record must be kept in patients chart that reflects the status of all children 18 years of age or younger, who receive immunization through the VFC Program. The record may be completed by the parent, guardian, or the health care provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of response is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

The parent or guardian has stated that this child qualifies for vaccination through the Vaccine for Children Program because he or she (check only one box):

- Is enrolled in Medicaid
- Does not have health insurance
- Is American Indian or Alaskan Native
- Is underinsured (health insurance **does not** pay for immunizations) **Persons with immunization coverage after deductibles or co-payments **do not** qualify.
- No, this child does not qualify for immunization through the VFC program because he/she does not meet eligibility criteria
- The above eligibility status information was provided to by my child's health care provider.

Signature of Parent or Legal Guardian

Date