

Patient Eligibility Screening Record

Patient Information

Patient Name	Last	First	MI	Date
Date of Birth	Parent/Guardian	Last	First	MI
Provider Name				

- The patient named above qualifies for immunization through the VFC Program because he/she or his/her parent/guardian states the child is 18 years of age or younger and:
Choose only one of the following.
(Note: If a child meets two or more of the eligibility qualifications, choose the first one that applies).
- Is Medi-Cal or Child Health and Disability Prevention (CHDP) eligible; or
 - Is uninsured (does not have private health insurance); or
 - Is an American Indian or Alaskan Native.
 - Health Insurance does not cover vaccines (only at federally qualified and rural health centers)

- The patient named above qualifies for vaccination with 317 vaccine.
- 317-eligible child (underinsured)
 - 317-eligible adult (underinsured or uninsured)

- The patient named above does not qualify for immunization with state supplied (VFC/317) vaccines. This includes children and adults who have health insurance that pays for vaccines.
- Immunize with LHD privately purchased vaccine
 - Refer back to primary provider

Notes

1. This form documents the eligibility status of the patient named above.
2. The health care provider must keep this record for the VFC-eligible child for no less than three (3) years and make it available to state or federal officials for inspection upon request.
3. This record may be completed by the patient (if he or she is an emancipated minor or 18 years of age), his or her parent or guardian or by the health care provider.
4. Verification of responses is not required.

This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention (CDC). It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.