Vaccines for Children Program
Patient Eligibility Screening Record

1. Date Screened: __ __ / __ __ / __ __ __ __
   M M D D Y Y Y Y

2. Child's Name: _____
   Last First MI

3. Child's Date of Birth: __ __ /__ __/ __ __ __ __
   M M D D Y Y Y Y

4. Parent/Guardian/Individual of Record: _____
   Last First MI

5. This child qualifies for immunization through the VFC program because he/she (check only one):

A. Is enrolled in Medicaid, or
B. Does not have health insurance, or
C. Is an American Indian or Alaskan Native, or
D. Is underinsured (has health insurance that does not pay for vaccinations.

6. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)?

7. Provider of Record: _____
   Last First MI

A record of VFC eligibility for all children 18 years of age or younger who receive VFC Program vaccines must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record, or by the health care provider. This same record will satisfy the requirements for all subsequent vaccinations, as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each VFC eligible child receiving vaccine for three years.