

INSTRUCTIONS:

Patient Information

- 1. A record of all children eighteen (18) years of age or younger who receive immunizations must be kept in the health care provider's
- The record may be completed by the parent, guardian, or individual of record or by the health care provider.
 Complete all information in section A at the initial screening visit.
- 4. Log the screening date and initial the appropriate eligibility category below for each vaccination.

	Child's Name		Child's Date of Birth (month, day, year)					
	Primary Provider's Name							
3.	Initial Patient Eligibi	itial Patient Eligibility Screening						
	Date (month, day, year) Initial Scree (Parent/Ge			ning Record Completed Byardian/Individual of Record/Healthcare Provider)				
	☐ Medicaid A child who has any form of Medicaid insurance.							
	☐ American Ir	n Indian/Alaskan Native A child who identifies as an American Indian or Alaskan Native, regardless of insurance.						
	 No Health Insurance A child who does not have health insurance. Insurance Does Not Cover Vaccines A child who has commercial (private) health insurance but the coverage does not include 							
	vaccines, children whose insurance covers only selected vaccines (these children are categorized as underinsured fo covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount (once that coverage reached, these children are categorized as underinsured). Fully Insured A child who has health insurance which provides coverage for vaccines.							
С.	VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. This same record can be used for the Initial Patient Eligibility Screening and all subsequent vaccinations. It is necessary to retain this or a similar record for each child receiving vaccine. The record may be completed by the parent, guardian, or individual of record or by the health care provider. Log the Screening Date, Status Change and Initial the appropriate eligibility category below for each vaccination.							
	ligibility Screening Verification Date (month, day, year)	Eligibility Status Change?	Medicaid	American Indian/Alaskan Native	No Health Insurance	Insurance Does Not Cover Vaccines	Fully Insured	
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						
		☐ Yes ☐No						