Patient Eligibility Screening Record
Pennsylvania Department of Health
Vaccines for Children Program

Date: _____

Patient: _____
Last Name First Name MI

Date of Birth: _____

Parent/Guardian/
Individual of Record: _____
Last Name First Name MI

Provider's Name: _____

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger who receive immunizations through the VFC Program. The parent, guardian, individual of record or the healthcare provider may complete the record. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of eligibility status is not required, the provider must retain this or a similar record for each child receiving vaccine.

This child qualifies for vaccination through the VFC Program because he/she (check only ONE box):

□ is enrolled in Medical Assistance
(this includes Medical Assistance managed care plans)

or

□ does not have health insurance

or

□ is American Indian or Alaskan Native

or

□ has health insurance that DOES NOT cover vaccines
(Applicable only to children attending a Federally Qualified Health Center or Rural Health Clinic)

This form may be copied as needed.