VVFC ELIGIBILITY SCREENING RECORD

A parent, guardian, or health care provider should complete this form before the patient's first VVFC eligible immunization. The form must be kept in the patient's chart as a record for verification when administering other VVFC vaccines. A new form should be completed and attached once the rows in the chart below have been used. The provider may establish and maintain a separate Screening Folder in which copies of all their VVFC Eligibility Screening Records are kept.

Patient's Name: _____
Last *First* *Middle*

Date of Birth: ____/____/____

Parent or Guardian: _____
Last *First* *Middle*

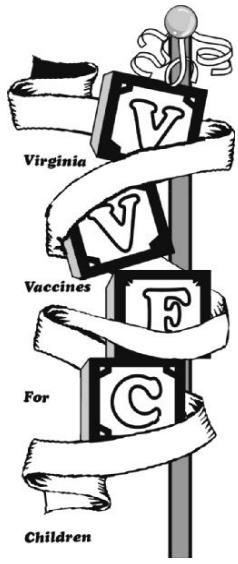
Medical Practice: _____

Patient's Chart Number (optional): _____

VVFC ELIGIBILITY verification

In order to receive VVFC vaccines, a patient must qualify in one of the categories listed below.

This patient is less than 19 years of age on the date indicated below and qualifies for free vaccines through the Virginia Vaccines For Children (VVFC) Program because…



Date Screened	Enrolled in Medicaid or a Medicaid HMO (FAMIS patients are not eligible)	Does not have any health insurance	American Indian/ Alaskan Native
	Place a check mark under the reason for eligibility for each date screened.		

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