VVFC ELIGIBILITY SCREENING RECORD

A parent, guardian, or health care provider should complete this form before the patient's first eligible immunization. The form must be kept in the patient's chart as a record for verification when administering other free vaccines. A new form should be completed if the patient's reason for eligibility changes before his/her next immunization. The provider may establish and maintain a separate Screening Folder in which copies of all their Eligibility Screening Records are kept.

Screening Date: ___/___/___

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

Date of Birth: ____/____/____

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

Medical Practice: _____

Patient's Chart Number (optional): _____

ELIGIBILITY verification

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

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

___ He/she is enrolled in Medicaid. (FAMIS children do not qualify for VVFC)

___ He/she does not have health insurance.

___ He/she is an American Indian or Alaskan Native.

___ He/she has health insurance that does not cover vaccinations.

This patient qualifies for free vaccines through the Virginia Department of Health (VDH) because…(Check one)

___ He/she has private insurance but is receiving a school-required vaccine.

___ He/she is receiving an adult immunization. (MMR, IPV, TD Only)

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