		• • •		SCREENING RECORD															
Patient Name: Date of Birth: Medical Chart Number:				Practice Address:															
										Physician:									Children Children
										VACCINE Administered	Administered Date	Eligibility Screening (use key below)	Vaccine Manufacturer	Vaccine Lot Number	Site (Optional)	Expiration Date (Optional)	Vaccine Admin's Initials	VIS Pub. Date	Parent or Guardian (Optional)
DTaP 1																			
DTaP 2																			
DTaP 3																			
DTaP 4																			
DTaP 5																			
Hib 1																			
Hib 2																			
Hib 3																			
Hib 4	 				1														
Hep A 1	+				-														
Hep A 2 Hep B 1	 				 														
Hep B 2	 																		
Hep B 3																			
HPV 1																			
HPV 2																			
HPV 3																			
Influenza 1																			
Influenza 2																			
IPV 1																			
IPV 2																			
IPV 3																			
IPV 4																			
Meningococcal 1																			
MMR 1																			
MMR 2																			
Pneumococcal 1																			
Pneumococcal 2																			
Pneumococcal 3																			
Pneumococcal 4																			
	<u> </u>																		
Rotavirus 1	 				ļ														
Rotavirus 2	 																		
Rotavirus 3 Varicella 1	+				-														
Varicella 1	+				 														
Tdap 1	 																		
τααρ τ	+																		
Td																			
-																			
Eligibility Screening																			
Screen for vaccine eligibility at each visit prior to vaccination.																			
ELIGIBLE for FREE Vaccine as one (or more) of the following				Name of Vaccine Administrator Title															
M = <19 years of age with Medicaid / Medicaid HMO U = <19 years of age with no insurance				None of Versing Administrat-															
U = <19 years of age with no insurance A = <19 years of age American Indian and/or Alaskan Native				Name of Vaccine Administrator Title															
I = < 19 y/o and insurance does not cover immunizations				Name of Vaccine Administrator Title															
1 = 3.10 y/o and insulation does not cover infindinzations				THE															
AD = Uninsured or Underinsured Adult				Ī															



P = Private Purchase Vaccine

NOT eligible for FREE Vaccine: Insured