

Virginia Vaccine for Adults (VVFA) Program

ADULT ELIGIBILITY SCREENING RECORD

PURPOSE: To determine and record eligibility for the VVFA Program. A record of the eligibility status of adults receiving vaccine supplied by VVFA must be maintained either in hard copy by the clinic providing the service or in an electronic system. Hard copies must be maintained for three (3) years. VVFA eligibility screening and documentation of eligibility status must take place at each immunization visit to ensure eligibility status for the program.

Date of Screening: _____
(mm/dd/yy)

Name: _____
(Last) (First) (Middle initial)

Date of Birth: _____ **Gender:** Male Female
(mm/dd/yy)

Eligibility Criteria:

- I declare that I qualify for vaccines through the VVFA Program because I am 19 years of age or older do not have health insurance.
- I declare that I qualify for vaccines through the VVFA Program because I am 19 years of age or older and am underinsured. Underinsured means I have health insurance, but it doesn't cover vaccines, or doesn't cover certain vaccines, or covers vaccines but has a fixed dollar limit or cap for vaccines and that fixed dollar amount has been reached.

_____ **Date:** _____
(mm/dd/yy)

NOTE: Knowingly falsifying information on this document constitutes fraud. By signing this form, I hereby attest that the above information is true and correct. I declare that the person named above is eligible to receive VVFA vaccines.