

Appointment Date \_\_\_\_\_

Appt. Time \_\_\_\_\_/# \_\_\_\_\_

**Vaccines for Children (VFC) Program—Patient Eligibility Screening Record**

Please complete the highlighted section below. Please print clearly.

Child's Name: \_\_\_\_\_  
First Name MI Last Name

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Please check the following category that best describes your child:

Underinsured  No Health Insurance  Native Alaskan/American Indian  Medicaid Plan/# \_\_\_\_\_

1) Has your child or anyone in your household been diagnosed with COVID-19?  YES  NO If so, when? \_\_\_\_\_

2) Has your child or anyone in your household had symptoms of COVID-19 with or without a test in the past 14 days?  
 YES  NO (fever, chills, cough, shortness of breath, fatigue, muscle aches, headaches, new loss of taste or smell, sore throat, nasal congestion, nausea, vomiting, diarrhea, pink eye, rashes, or red/swollen toes)

For Office Use: Clinic Day Screening Date: \_\_\_\_\_ Status: \_\_\_\_\_ Temperature: Adult \_\_\_\_°F Child: \_\_\_\_°F

Health and Human Services has implemented a 24-hour cancellation policy for each patient scheduled. As a reminder, if you cancel, change or miss your scheduled appointment with less than 24-hour notice, we reserve the right to charge a \$25.00 out-of-pocket fee.

I have read and agree with the cancellation policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Place Copy of Insurance Card Here

FOR OFFICE USE ONLY	Eligible for VFC Vaccine				Not eligible for VFC Vaccine		
	A	B	C	D	E	F	G
	Medicaid Enrolled Title XIX (19) V02	No Health Insurance (V03)	American Indian or Alaskan Native (V04)	*Underinsured at FQHC, RHC or deputized LHD only (V05)	Has health insurance that covers vaccines (V01)	** Other underinsured (V01)	***Enrolled in CHIP/Medicaid Title XXI (21) or State Funded (V22)
Date/Initial							

\*Underinsured includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

\*\*Children who are enrolled in separate state Children's Health Insurance Program (CHIP) with Medicaid Title XXI (21) or State Funded coverage are considered insured and are not eligible for vaccines through the VFC program.