STATE OF MARYLAND

DHMH



Maryland Department of Health and Mental Hygiene 201 W. Preston Street, Baltimore, Maryland 21201

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

\*Providers must screen and properly document eligibility status at each immunization visit.

VFC #:\_\_\_\_\_

Health Care Provider:

Patient: \_\_\_\_\_\_ VFC Eligibility DOB: Staff's (birth through 18 years of age) initials Date Native Underinsured Not VFC Eligible American/ Medicaid Uninsured (refer to Alaskan LHD/FQHC) Native

Patient: \_\_\_\_\_

	VFC Eligibility					Staff's
Date	(birth through 18 years of age)					
	Medicaid	Uninsured	Native American/ Alaskan Native	Underinsured (refer to LHD/FQHC)	Not VFC Eligible	initials