



Eligibility Screening Record

This record must be completed by the child's parent, guardian, or health care provider for children who receive immunizations through the Utah VFC Program.

Today's Date _____
 Month Day Year

Child's Name _____
 Last Name First Name Middle Initial

Date of Birth _____
 Month Day Year

Parent or Guardian's Name _____
 Last Name First Name Middle Initial

Health Care Provider _____

To be completed by health care provider

DATE SCREENED	VFC ELIGIBILITY* (Check only one category)					NOT ELIGIBLE
	ENROLLED IN MEDICAID	HAS NO HEALTH INSURANCE	AMERICAN INDIAN OR ALASKAN NATIVE	UNDER-INSURED	CHIP	INSURANCE COVERS VACCINATIONS**

*This record must be kept with the child's medical record. It may be used for all subsequent visits and updated as the child's eligibility status changes. Parents or guardians must be asked about eligibility status at each visit. Verification of a child's eligibility status is NOT required.

**Children with insurance, that has coverage for immunizations, are not eligible to receive VFC vaccines.