

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
IMMUNIZATION PROGRAM

Immunize

PATIENT ELIGIBILITY SCREENING FORM  
State Immunization Program/Vaccines for Children Program

Date \_\_\_\_\_



Child \_\_\_\_\_  
Last Name First Name MI

Date of Birth \_\_\_\_\_

Parent/  
Legal Representative \_\_\_\_\_  
Last Name First Name MI

Provider Name: PEDIATRIC PROFESSIONAL ASSOC., P.C.

A record that reflects the eligibility status of all children under 19 years of age must be kept in the child's medical record. The record may be completed by the parent, guardian or individual of record, or by the health care provider. This form should be completed only once, unless the child's eligibility status changes. While verification of responses is not required, it is necessary to retain this record for each child in your practice for three (3) years.

This child qualifies for vaccination through the VFC program because he/she (check only one):

- 1.  is enrolled in Medicaid (includes Common Health and HMOs such as Neighborhood Health Plan, HCHP, HMO Blue, etc., if enrolled through Medicaid)
- does not have health insurance (Check this box for children enrolled in the Children's Medical Security Plan<sup>1</sup>)
- is Native American (American-Indian) or Alaskan Native
- 2.  This child has been screened and does not fit in any of the above-noted categories

**NOTE: All children not eligible for VFC are eligible for state-purchased vaccine through the Massachusetts Universal Vaccine Distribution Program.**

<sup>1</sup>The Children's Medical Security Plan was formerly known as Healthy Kids.