



**Iowa Department of Public Health
Vaccines for Children Program
Patient Eligibility Screening Record
Public Provider**

Date: _____

Child: _____
Last Name First Name MI

Date of Birth: _____

Parent/Guardian/Individual of Record:

Last Name First Name MI

Provider: _____

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunization through the VFC program. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

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

- (a) is enrolled in Medicaid or
- (b) does not have health insurance or
- (c) is American Indian or Alaskan Native or
- (d) has health insurance that DOES NOT pay for vaccines
(Applicable only to children attending a Federally Qualified Health Center/Rural Health Clinic or Public Health Clinic.)

If you have any questions regarding the Vaccines for Children Program please call
1-800-831-6293.