New York State Department of Health
SCREENING RECORD
Bureau of Immunization
Vaccines for Children and State Children's Health Insurance Program (SCHIP)

Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations through publicly-funded vaccine programs including the Vaccines for Children (VFC) must be kept in the health care provider's office for three years after vaccination. This eligibility screening record, another paper record that includes public vaccine eligibility, or a screening record maintained in an electronic health record, may serve this purpose. The record may be completed by the parent, guardian, individual of record, or by the health care provider. Eligibility screening and documentation must take place with each immunization visit to ensure 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 of each child receiving vaccine.

1. Initial Screening Date: _____/_____/_____
   MM DD YYYY
2. Child's Name: _____
   Last Name First Name MI
3. Child's Date of Birth: _____/_____/_____
   MM DD YYYY
4. Parent/Guardian/Individual of Record: _____
   Last Name First Name MI
5. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? ☐ Yes ☐ No
6. Primary Provider's Name: _____
   Last Name First Name MI
7. Does this patient qualify for publicly purchased vaccines (check one box):
   - ☐ Yes, the patient is enrolled in Medicaid
   - ☐ Yes, the patient does not have health insurance
   - ☐ Yes, the patient is an American Indian or Alaska Native
   - ☐ Yes, the patient is underinsured (has health insurance that does not cover vaccine(s) to be administered)
   - ☐ Yes, is enrolled in the State Children's Health Insurance Program (SCHIP)
   - ☐ No, the patient does not qualify for immunizations through any publicly-funded vaccine program because he/she does not meet the eligibility criteria

Eligibility Status						
Date	Is enrolled in Medicaid	Does not have health insurance	Is an American Indian or Alaska Native	Is underinsured	Is enrolled in SCHIP	Does not meet eligibility criteria
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