

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

The provider is **not** required to verify responses by the parent, guardian, or individual of record.

Date: \_\_\_\_\_

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

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

Parent/Guardian/  
Individual of Record: \_\_\_\_\_  
Last Name First Name MI

Health Care Provider: \_\_\_\_\_

The provider's office must keep this form for each child (birth through 18 years of age) who receives immunizations through the Vaccines for Children (VFC) Program in Maryland in the patient's permanent medical record for six years. The health care provider or the parent, guardian, or individual of record may complete this form, and should complete a new form if the child's status changes. The provider may use this record for all subsequent visits as long as there is no change in the child's eligibility status.

**This child qualifies for vaccination through the Maryland VFC Program because he/she (please check only one box):**

- (a) Is covered by or enrolled in Medical Assistance  or
- (b) does not have health insurance  or
- (c) is Native American (American Indian) or Alaskan Native  or
- (d) has health insurance that does not cover (pay for) vaccines