

Patient Eligibility Screening Record Vaccines for Children Program

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: DR. Melanie Magpantay Garcia

The provider's office must keep this form for each child (birth through 18 years of age) who receives immunizations through the Vaccine for Children (VFC) Program in Maryland. 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 (MAC, MA HMO, Kids Count, PWC, ect.) 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