



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Vaccines for Children (VFC) Program Patient Eligibility Screening Record

***Providers must screen and properly document eligibility status at each immunization visit.**

VFC #: _____

Health Care Provider: _____

Patient: _____

DOB: _____

Date	VFC Eligibility (birth through 18 years of age)					Staff's initials
	Medicaid	Uninsured	Native American/ Alaskan Native	Underinsured (refer to LHD/FQHC)	Not VFC Eligible	

Patient: _____

DOB: _____

Date	VFC Eligibility (birth through 18 years of age)					Staff's initials
	Medicaid	Uninsured	Native American/ Alaskan Native	Underinsured (refer to LHD/FQHC)	Not VFC Eligible	