PATIENT ELIGIBILITY SCREENING RECORD

State Form 48514 (R3 / 3-11)
Indiana State Department of Health, Immunization Division

INSTRUCTIONS: 1. A record of all children eighteen (18) years of age or younger who receive immunizations must be kept in the health care provider's office.
2. The record may be completed by the parent, guardian, or individual of record or by the health care provider.
3. Complete all information in section A at the initial screening visit.
4. Log the screening date and initial the appropriate eligibility category below for each vaccination.

A. Patient Information

Child's Name _____ Child's Date of Birth *(month, day, year)* _____

Primary Provider's Name _____

B. Initial Patient Eligibility Screening

Date *(month, day, year)* _____ Initial Screening Record Completed By _____
(Parent/Guardian/Individual of Record/Healthcare Provider)

- ☐ **Medicaid** A child who has any form of Medicaid insurance.
- ☐ **American Indian/Alaskan Native** A child who identifies as an American Indian or Alaskan Native, regardless of insurance.
- ☐ **No Health Insurance** A child who does **not** have health insurance.
- ☐ **Insurance Does Not Cover Vaccines** A child who has commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (these children are categorized as underinsured for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount (once that coverage amount is reached, these children are categorized as underinsured).
- ☐ **Fully Insured** A child who has health insurance which provides coverage for vaccines.

C. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. This same record can be used for the Initial Patient Eligibility Screening and all subsequent vaccinations. It is necessary to retain this or a similar record for each child receiving vaccine.

The record may be completed by the parent, guardian, or individual of record or by the health care provider.
Log the Screening Date, Status Change and Initial the appropriate eligibility category below for each vaccination.

Eligibility Screening Verification Date *(month, day, year)*	Eligibility Status Change?	Medicaid	American Indian/Alaskan Native	No Health Insurance	Insurance Does Not Cover Vaccines	Fully Insured
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					