

Illinois Department of Public Health

Patient Eligibility Screening Record
Vaccines for Children Program (VFC)

*VFC Eligibility screening must take place with each immunization visit to ensure eligibility status.

1. Date ___/___/_____

2. Child's Name _____
Last Name First Name MI

3. Child's Date of Birth ___/___/_____

4. Parent/Guardian/Individual of record _____

5. Does this child qualify for immunization through the VFC program?

___ V01 – Not VFC Eligible-Has Health Insurance that covers vaccines

___ V22 – Not VFC Eligible-Enrolled in CHIP/Medicaid Title XXI (21) or State Funded

___ V02 – Eligible – Medicaid Enrolled Title XIX (19)

___ V03 – Eligible – No Health Insurance

___ V04 – Eligible – American Indian/Alaskan Native

___ V05 – Eligible – Underinsured (FQHC, RHC, or deputized LHD ONLY)

6. I certify that the information I have provided for eligibility determination is true and accurate. _____

Signature of Parent or Guardian

Recertification of Eligibility Status:

Date	Parent/Guardian Signature	Date	Parent/Guardian Signature

Staff Note: Eligibility Changes must be noted below:

Date Eligibility Changed ___/___/_____ New PA45 Code _____

Date Eligibility Changed ___/___/_____ New PA45 Code _____

Patient name: _____

Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Vaccines for Children and Teens

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Did you bring your child's immunization record card with you? yes no

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.