CLINIC NAME: _____

VFC PIN: _____ _____ _____ _____

Montana Vaccines for Children Program
VACCINE ELIGIBILITY FORM - for Private Practices

This is a sample page to illustrate the use of the Vaccine Eligibility Form

Accountability Period

From: _____ /_____ /_____

To: _____ /_____ /_____

PATIENT ELIGIBILITY STATUS
(Check ONE BOX for each child at FIRST VISIT ONLY!)

VACCINE DOSES ADMINISTERED
You may use check marks for each dose administered.

	Name	Date of Birth	Date of Service (mo / day)	Age is under 1 Year				Age is 1 through 6 Years				Age is 7 through 18 Yrs				DTaP (or Ped DT *)	TriHIBit (DTaP + HIB)	Hep B	HIB Pedvax (or ActHIB * [A])	IPV	COMVAX (Hep B + HIB)	Pediarix (DTaP + Hep B + IPV)	Pentacel (DTaP + IPV + ActHIB)	Pneumococcal PCV (or PPV *)	Rotavirus RotaTeq (or Rotarix* [RR])	MMR	VAR	ProQuad (MMRV)	Hep A	Influenza - .25 dose	Influenza - .5 dose	Influenza - Flumist	Kinrix - for 4-6 yr olds only (DTaP + IPV)	Tdap (or Td *)	Meningococcal - MCV4	Human Papillomavirus (HPV)
				MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	INSURED NOT ELIGIBLE FOR VFC	MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	INSURED NOT ELIGIBLE FOR VFC	MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	INSURED NOT ELIGIBLE FOR VFC																					
1	Johnny Jones	10/12/2008	1/2	✓															X			X		X	X										
2	Peter Peters	7/9/2008	1/3		✓														X			X		X	X										
3	Sonya Bates	5/19/2004	1/6						✓																	X	X				X		X			
4	Tonya Bates	5/19/2004	1/6						✓																	X	X				X		X			
5	Harry Harrison	9/14/2008	1/12		✓														A			X		X	X										
6	Mary Martin	6/30/2008	1/15				✓												A			X		X	X										
7	Kayla Sheridan	4/12/2006	1/17						✓							X										X	X		X		X					
8	Carrie Cairns	11/20/2008	1/23			✓												X					X	X	X										
9	Billy Gates	3/11/2007	1/29					✓								X			X					X		X	X		X							
10	Bobby Blue	1/12/2008	1/30							✓						X			X					X		X	X		X	X						
11	Willie White	6/29/2007	2/2								✓					X			A																	
12	Jenny Green	10/19/2008	2/4				✓												A			X		X	X										
13	Billy Brown	9/4/2008	2/7	✓														X					X	X	X										
14	Lizzie Lyons	7/8/2007	2/9					✓								X										X	X		X							
15	Tori Black	1/19/1995	2/19									✓						X																X	X	X
16	Georgie Porgie	12/17/1997	2/28										✓																					X	X	
17	Sarah Sharp	8/9/2001	3/5												✓												X							Td		
18	Peter Peters	7/9/2006	3/7																A			X		X											
19	Robbie Robson	2/14/2008	3/10							✓						X			A					X		X	X		X							
20	Johnny Jones	10/12/2008	3/12																A			X		X	X										
				2	2	1	2	2	3	2	1	1	1	0	1			3				5	2		6	7	7		5	1	3		2		2	1

Provider's Signature: Will Not Hurt, MD **Date:** 3/12/2009

TOTAL DOSES GIVEN AT VFC VISITS ONLY - Use these numbers to calculate projected usage when ordering vaccine

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