VFC PIN: ___ ___ ___ ___

Montana Vaccines for Children Program
VACCINE ELIGIBILITY FORM - for FQHC/RHC Clinics

MONTANA Department of Public Health & Human Services
Immunization Program

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: MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	UNDERINSURED	INSURED NOT ELIGIBLE FOR VFC	Age is 1 through 6 Years: MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	UNDERINSURED	INSURED NOT ELIGIBLE FOR VFC	Age is 7 through 18 Yrs: MEDICAID	NO INSURANCE	AMER. INDIAN or ALASKA NATIVE	UNDERINSURED	INSURED NOT ELIGIBLE FOR VFC	DTaP (or Ped DT *)	TriHIBit (DTaP + HIB)	Hep B	HIB: Pedvax (or ActHIB * [A]) (or Hiberix [H])	IPV	COMVAX (Hep B + HIB)	Pediarix (DTaP + Hep B + IPV)	Pentacel (DTaP + IPV + ActHIB)	Pneumococcal PCV (or PPSV *)	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 Menactra (or Menveo*[O])	Human Papillomavirus (HPV) Gardasil
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Provider's Signature: **Date:**

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