New York State Department of Health
Bureau of Immunization
Vaccines for Adults Program

Patient Eligibility Screening Tool

A record of all adults who receive immunizations through the Vaccines for Adults (VFA) program should be kept in the health care provider's office. Eligibility screening and documentation must take place with each immunization visit to ensure the patient's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record of each adult receiving vaccine.

Initial Screening Date _____/_____/_____
MM DD YY

Patient's Name: _____
Last Name First Name M.I.

Patient Date of Birth _____/_____/_____
MM DD YY

Provider Name: _____
Last Name First Name M.I.

Does this patient qualify for VFA vaccines (check one box):

☐ Yes, the patient does not have health insurance

☐ Yes, the patient is underinsured (has health insurance that does not cover vaccine(s) to be administered)

☐ Yes, the patient has health insurance but is requesting MMR vaccine for attendance at a post-secondary institution in New York State.

☐ No, the patient does not qualify because s/he has health insurance coverage for the vaccine(s) to be administered

Eligibility Status			
Date_____	_____Uninsured____	_____Underinsured_____	_____Not Eligible_____
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
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