



South Carolina VFC Patient Eligibility Screening Record Form

Child's Name: _____ Date of Birth: _____
Last Name First Name MI

Provider: _____

A record must be kept by the healthcare provider that reflects the status of each child 18 years of age or younger who receives immunizations provided by the VFC program. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

Eligibility Screening Status (Referring to the key below, select one eligibility screening status per entry.)					Signature of parent or guardian	Date of Screening
Medicaid	Uninsured	American Indian or Alaskan Native	Underinsured¹	Insured (Not eligible for VFC vaccine)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (i.e., Insurance does not cover vaccine to be administered making the child VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

VFC Patient Eligibility Screening Record Form

Instructions for Completing DHEC 1146A

Purpose:

The purpose of the VFC Patient Eligibility Screening Record Form is to provide a document, which can be used by providers to record the patient's eligibility status to receive VFC vaccine. The completed form becomes part of the patient's record and is kept on file by the VFC provider.

Item-By-Item Instructions:

1. Complete the Child's Name, Date of Birth and Provider.
2. Screen for eligibility at each visit by placing a check in the appropriate column. The child is VFC vaccine eligible if Medicaid, Uninsured, American Indian, Alaskan Native or Underinsured. If the child is Insured, the child is NOT eligible for SC VFC vaccine.
3. Signature of the parent or guardian.
4. Enter the date of screening.

Office Mechanics and Filing:

1. The VFC Patient Eligibility Screening Record Form can be obtained by contacting the Immunization Division.
2. The completed Patient Eligibility Screening Record Form is filed in the child's medical record.