

**Patient Eligibility Screening Record
Maine Immunization Program**



1. Screening Date: (_ _ / _ _ / _ _ - _ -)
M M D D Y Y Y Y

2. Patient's Date of Birth: (_ _ / _ _ / _ _ - _ -)
M M D D Y Y Y Y

3. Patient's Name:

_____ Last Name First MI

4. Is your facility a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)? Yes No

5. Primary Provider's Name: _____ Last Name First MI

Screening Status	
Eligible – This patient qualifies for immunization through the Maine Immunization Program because he/she is:	
(check only one box)	
Uninsured	
Under-insured	
Non- Eligible – This patient DOES NOT qualify for immunization through the Maine Immunization Program because he/she has health insurance. This includes patients with MaineCare or Medicare.	
Privately Insured	

Eligibility Checked			
Date	Does not have health insurance	Is underinsured (has health insurance that does not pay for vaccinations)*	Does not meet eligibility criteria

Eligibility screening must take place with each immunization visit to ensure the patient's eligibility status has not changed. **This same record will satisfy the requirements for all subsequent vaccinations, as long as 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 for each person receiving vaccine.