**Adult Public Vaccine Programs**

***Sample Eligibility Screening Form***

The Vaccines for Uninsured Adults (VUA) and Adult Hepatitis Vaccine (AHV) Programs provide vaccines to Wyoming adults 19 and older. Eligibility should be reviewed and documented at every immunization encounter.

|  |  |
| --- | --- |
| **Screening Date:** | |
| **Patient Information** | |
| Full Name: | Date of Birth: |

|  |  |  |
| --- | --- | --- |
| **Adult Hepatitis Vaccine (AHV) Program** | |  |
| 1. Is this patient a Wyoming resident? | | |
| * No, patient is NOT eligible | * Yes, continue to question #2 | |
| 1. Does this patient have a documented history of a previously completed hepatitis vaccination series? | | |
| * Yes, patient is NOT eligible | * No, patient is eligible for the AHV Program | |
| *During a vaccine shortage, priority should be given to high risk patients as defined in the most recent Vaccine Information Statement.* | | |

|  |  |  |
| --- | --- | --- |
| **Vaccines for Uninsured Adults (VUA) Program** | |  |
| 1. Is this patient a Wyoming resident? | | |
| * No, patient is NOT eligible | * Yes, continue to question #2 | |
| 1. Does this patient have insurance? | | |
| * Yes, continue to question #3 | * No, patient is eligible for the VUA Program | |
| 1. Does the patient’s insurance cover the vaccines needed? | | |
| * Yes, patient is NOT eligible | * No, patient is eligible for the vaccines not covered | |

If you have any questions about VUA or AHV policies and/or eligibility, please contact the Immunization Program at 307-777-7952.

*\* Eligibility Screening Forms must be maintained with the patient’s record for no less than 3 years.*

*\*\*Any provider changes to this form must be approved by the Immunization Unit.*

Rev. 9/8/2015