**Adult Hepatitis Vaccine (AHV) Program**

***Sample Eligibility Screening Form***

The Adult Hepatitis Vaccine (AHV) Program provides Hepatitis A and B vaccines to eligible Wyoming adults age 19 and older. Eligibility should be reviewed and documented at every immunization encounter.

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

|  |  |
| --- | --- |
| **Adult Hepatitis Vaccine (AHV) Program** |  |
| 1. Is this patient a Wyoming resident?
 |
| * Yes, continue to question #2
 | * No, patient is NOT eligible
 |
| 1. Is this patient uninsured (has **no** insurance or is self-pay)?
 |
| * Yes, continue to question #4
 | * No, continue to question #3
 |
| 1. Does this patient have insurance that does not cover the vaccines needed (underinsured)?
 |
| * Yes, continue to question #4
 | * No, patient is NOT eligible
 |
| 1. Does this patient have a documented history of a previously completed hepatitis vaccination series?
 |
| * No, patient is eligible for AHV
 | * Yes, patient is NOT eligible
 |
| *NOTE:Documentation in the Wyoming Immunization Registry (WyIR) is “Adult State”**During a vaccine shortage, priority should be given to high risk patients as defined in the most recent Vaccine Information Statement.*  |

If you have any questions about AHV policies and/or eligibility, please contact the Immunization Unit 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.*