**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: |

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| **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.*