

## Patient Eligibility Status Screening Record

All providers enrolled in the Washington State Adult Vaccine Program (AVP):

- Must screen and document patient eligibility status for EVERY adult 19+ years of age at EVERY immunization visit where AVP vaccine was administered.
- Must retain this information in every adult’s medical record for a minimum of 3 years.
- May use alternate form (paper based or electronic) but MUST capture all elements included in this form.

<b>Patient Information:</b>				
Patient Name:				
Patient Date of Birth:				
Provider Name:				
<b>Eligibility Status:</b>				
Instructions: For each immunization visit, mark date AVP vaccine was administered and appropriate eligibility category.				
Date Vaccine Given	Adult Vaccine Program (Routine Adult Vaccines)		COVID-19 Vaccine Only	
	Uninsured (Eligible)	Insured/Under-Insured (Not Eligible)	Uninsured and *Under-Insured (Eligible)	Insured with full coverage for COVID-19 vaccine (Not Eligible)

**\*Underinsured (Only for COVID-19 Vaccine):** A person whose insurance does not provide cost-free coverage for COVID-19 vaccines.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov). **DOH348-972 September 2024**