



## CONNECTICUT VACCINE PROGRAM (CVP) Adult Patient Eligibility Screening Record

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provider: \_\_\_\_\_

This patient qualifies for adult immunizations through the Connecticut Vaccine Program (CVP) since he/she is 19 years of age and is (check only one box):

- (A) Has no health insurance/self-pay
- (B) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines).
- (C) Is receiving a Tdap vaccine as part of the Tdap cocoon program.
- (D) Is receiving MMR vaccine for college entry purposes

A record must be kept in the healthcare provider's office that reflects the status of all individuals who receive vaccine from the CVP. The record may be completed by the parent, guardian, or individual of record, or by the healthcare provider. The record does not have to be updated unless the status of the child has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

**Patient Eligibility must be verified and documented for every immunization visit. Please document that eligibility screening was verified with the initials of the person who performed the screening.**

Date of screening (mo/day/year)	Initials

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