



Patient Information:

Patient Name:



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.

| Patient Date of Birth: | | | | |
|---|--------------------------|----------------|---------------------------|------------------------|
| Provider Name: | | | | |
| Eligibility Status: | | | | |
| Instructions: For each immunization visit, mark date AVP vaccine was administered and appropriate eligibility | | | | |
| category. | | | | |
| Date Vaccine Given | Adult Vaccine Program | | AVP Bridge Access Program | |
| | (Routine Adult Vaccines) | | (COVID-19 Vaccines only) | |
| | Uninsured (Eligible) | Insured/Under- | Uninsured and | Insured with full |
| | | Insured | *Under-Insured | coverage for COVID-19 |
| | | (Not Eligible) | (Eligible) | vaccine (Not Eligible) |
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^{*}AVP Bridge Access Program (COVID-19 Vaccines only) Underinsured: A person whose insurance does not provide cost-free coverage for COVID-19 vaccines.