

**SCHOOL IMMUNIZATION CATCH – UP (SICU) PROGRAM  
VACCINES FOR CHILDREN PROGRAM (VFC) ELIGIBILITY  
REPORTING FORM (2014/2015)**

Complete and attach this form to the Vaccine Ordering Form when it is submitted

Name of School District: \_\_\_\_\_

Name of School: \_\_\_\_\_

1) How many students are attending your school in the 2014/2015 school year?  
\_\_\_\_\_

2) Of the students who have not been vaccinated; how many are VFC eligible by one of the following criteria:

a) Number enrolled in Medical Assistance: \_\_\_\_\_

b) Number of American Indian or Alaskan Native: \_\_\_\_\_

c) Number with health insurance but it DOES NOT cover vaccines: \_\_\_\_\_

d) Number with no health insurance: \_\_\_\_\_

3) How many students who are eligible for the Vaccines for Children (VFC) Program **have not been vaccinated** with the Hepatitis B, MCV, Tdap, and/or Varicella vaccine (s)?

• Hepatitis B \_\_\_\_\_

• Tdap \_\_\_\_\_

• MCV \_\_\_\_\_

• Varicella \_\_\_\_\_

The Division of Immunizations will not provide vaccines without this attachment. Thank you for your cooperation.