SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM
VACCINES FOR CHILDREN PROGRAM (VFC) ELIGIBILITY
REPORTING FORM (2019-2020)

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 2019-2020 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 of Alaskan Native: _____
   b) Number of American Indian: _____
   c) Number who are Medicaid eligible: _____
   d) Number with no Insurance or uninsured: _____
   e) Number who are underinsured (health insurance plan does not cover vaccinations): _____

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

   _____ Hepatitis B                  _____DTaP                    _____Polio
   _____ MCV                         _____MMR                     _____Varicella
   _____ Tdap

The Division of Immunizations will **not** provide vaccines without this attachment. Thank you for your cooperation. Include this eligibility form with your vaccine order.