

**SCHOOL IMMUNIZATION CATCH – UP (SICU) PROGRAM  
VACCINES FOR CHILDREN PROGRAM (VFC) ELIGIBILITY  
REPORTING FORM (2011-2012)**

(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 2011/2012 school year?  
\_\_\_\_\_
  
- 2) How many students who are eligible for the Vaccine for Children (VFC) Program **have not been vaccinated** with the Hepatitis B, MCV, Tdap, and/or Varicella vaccine (s)?
  - Hepatitis B \_\_\_\_\_      • Tdap \_\_\_\_\_
  - MCV \_\_\_\_\_      • Varicella \_\_\_\_\_
  
- 3) 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: \_\_\_\_\_

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