



**Department of State Health Services (DSHS) Immunization Branch
Adult Safety Net Vaccination Program**

ADULT ELIGIBILITY SCREENING RECORD

PURPOSE: To determine and record eligibility for the DSHS Adult Safety Net Vaccination Program. A record of the eligibility status of adults receiving vaccine supplied by DSHS must be maintained either in hard copy by the clinic providing the service or in an electronic system such as TWICES. Hard copies should be maintained for three years. The record may be used for all subsequent visits as long as the patient's eligibility status has not changed.

Date of Screening: ____/____/____

Name: _____
(Last) (First) (Middle initial)

Date of Birth: ____/____/____

Eligibility Criteria

- I declare that I qualify for vaccines through the Texas Vaccines for Children Adult Safety Net Program because I do not have health insurance.
- I am 19 years of age and I have been referred to the public health department clinic to finish a vaccine series that I began when I was 18 years of age or younger.

Referring Provider: _____

Patient Signature: _____ Date: ____/____/____

NOTE: HIV/STD clinics that are participating in the hepatitis B special initiative are not required to use this form; all clients in an HIV/STD clinic are eligible for Hepatitis B vaccine. The form is required if the HIV/STD clinic is providing vaccines other than hepatitis B.

With few exceptions, you have the right to request and to be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, and 559.004)