



Vaccines for Children Status Screening Exception Request Form American Indian/Alaska Natives

This form may be submitted for individual Vaccines for Children program screening records when 100% of the persons to be immunized at this facility are American Indians/Alaska Natives. The provider must have this form on file to show it to the site visit reviewer or state auditor for the eligibility screening requirement to be met.

Provider enrollment and Provider Profile forms for this practice must be on file with the Washington State Department of Health. The exemption must be re-issued annually when the provider profile and provider agreement is submitted.

Contact the local county health department if the composition of patients seen at this facility changes. The facility will no longer be eligible for this exemption and must perform screening for all patients to determine eligibility for the Vaccines for Children Program.

Facility Name: _____

Facility Address: _____
Street

_____ WA _____
City State Zip Code

Telephone (____) _____ Fax: (____) _____

Authorizing Official:

Print Name

Email

Signature

Date

Retain a copy of this form at your facility and send the original to the

Washington State Department of Health
Immunization Program CHILD Profile
POB 47843
Olympia WA 98504-7843