



Haverhill Public Health Department VFC Request Form

Haverhill Health Department at the Haverhill Citizens Center

Hours: 8am – 4pm

978-374-2390 (Mary ext: 3915 / Geri ext: 3935)

Public Health Nurse: _____ Town/City: _____

It is strongly recommended school nurses and PHN assist families in finding a local medical home (pediatrician) for the patient by the second round of vaccines as the Haverhill Health Department is not responsible for maintaining medical records or monitoring when the follow-up vaccines are required.

VFC Eligibility

1. Medicaid: (MassHealth or Medicaid, including Medicaid HMOs- primary or secondary)
2. Uninsured: a child with no insurance.
3. American Indian/Alaskan Native

Please request a school demographic sheet and attach to this request.

Donation

A donation is accepted of \$10 for 1 vaccine administered and \$20 for 2 or more vaccines administered, but **the donation can be waived if the family cannot afford it**. The donation is cash only. If you do waive the donation, please write **“Waive”** on the vaccine sheet so the nurse administering the vaccine does not ask the family for it.

- Donation has been discussed with family
 Donation WAIVED

Patient’s name: _____ DOB: _____

Vaccines requested

- | | |
|---|--|
| <input type="checkbox"/> MMR | <input type="checkbox"/> Meningitis (MenQuadfi) |
| <input type="checkbox"/> MMRV (12 months to 12 yrs old) | <input type="checkbox"/> Polio (IPV) |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hep B peds (18 yrs and under) |
| <input type="checkbox"/> DTaP (<7 yrs old) | <input type="checkbox"/> Td |
| <input type="checkbox"/> Tdap (7 yrs – 18 yrs) | <input type="checkbox"/> PPD* |

*PPD test needs to be done on a Monday, Tuesday or Wednesday so the student can return to have it read 48-72 hours after administration. If they do not return to have it read, they will need to have the test repeated.

I have viewed the student’s vaccine record and determined what vaccines are to be administered by the public health nurse.

Signature of Public Health Nurse: _____ Date: _____

Please submit completed forms with copy of demographic sheet to:

Geri Davis (Haverhill Public Health Nurse) gdavis@haverhillma.gov

Mary Connolly (Public Health Director) mconnolly@haverhillma.gov