

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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## QUESTIONNAIRE FOR YELLOW FEVER IMMUNIZATION APPLICANTS

If you are designated to the State of Florida as a yellow fever vaccinator, persons who call your local county health department requesting travel medicine advice will be referred to you. Therefore, to assist us in determining whether you are qualified to receive this designation, we request your responses to the following questions.

1. Please list your name and Florida Medical License Number:

Name: \_\_\_\_\_

Florida Medical License Number: \_\_\_\_\_

Name of Health Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Zip: \_\_\_\_\_

Business Days/Hours: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Why have you applied to be a yellow fever vaccinator?

3. What experience have you had in counseling international travelers?

4. Have you had any formal training in tropical travel medicine? If so, please describe.

5. How have you acquired your present knowledge of travel medicine?

6. Do you have the latest copy of Health Information for International Travel ("Yellow Book")? This publication is invaluable when counseling travelers, it is published annually and distributed by the Centers for Disease Control and Prevention (CDC) in July of each year and is available on line at <http://www.cdc.gov/travel/contactus.aspx>

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**Florida Department of Health**

Division of Disease Control & Health Protection • Bureau of Epidemiology  
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7. If you responded "no" to question 6, what other sources of up-to-date travel medicine information do you use?
8. Approximately how many patients per month consult you for travel advice?
9. How many yellow fever immunizations do you anticipate giving per month?
10. Do you anticipate giving the full range of immunizations required or recommended for travel, or just yellow fever?
11. Do you intend to prescribe medication to prevent malaria or other diseases, which a traveler might acquire depending on their itinerary?
12. If you are unsure about what advice to give a traveler, whom do you consult with?

So that we may begin your application process, please return the completed questionnaire to the following address:

Department of Health  
Disease Control - Bureau of Epidemiology  
ATTENTION: Cassandra Pease-Moten  
4052 Bald Cypress Way, Bin #A-12  
Room 215  
Tallahassee, FL 32399-1734  
Telephone Number: (850) 245-4444 x2400  
Fax Number: (850) 413-9113

Thank you for your cooperation.