YELLOW FEVER IMMUNIZATION PROGRAM REQUIREMENTS AND ACKNOWLEDGMENTS

Full name of Applicant Stamp Holder (Physician or Pharmacist):

The applicant Stamp Holder must review and initial each of the following items:	Initials:
1. I acknowledge that I have read and understand the recommendations outline by the vaccine manufacturer, Centers for Disease Control and Prevention (CDC) Yellow Book: *Health Information for International Travel*, and the Florida Department of Health (FDOH) regarding the administration of yellow fever vaccine. cdc.gov/travel/page/yellowbook-home	
2. I acknowledge that I have read and understand the recommendations outline by the vaccine manufacturer, Centers for Disease Control and Prevention (CDC), and the FDOH regarding proper storage of yellow fever vaccine and will be compliant with the recommendations. cdc.gov/vaccines/hcp/storage-handling	
3. I acknowledge the most recent version of the Yellow Fever Vaccine Information Sheet (VIS) must be provided to the client prior to the administration of the yellow fever vaccine. cdc.gov/vaccines/hcp/current-vis/yellow-fever.html	
4. I acknowledge that myself (stamp holder), the Yellow Fever Immunization Coordinator (point of contact), and any other staff with responsibilities associated with the administration of, storage, and handling of yellow fever vaccine have completed the current version of the CDC Yellow Fever Training Course at initial approval and every three (3) years thereafter. cdc.gov/travel/page/yellow-fever-vaccine-course	
5. I acknowledge that the Stamp Holder is approved only for the yellow fever immunization center designated on the approval letter and this approval may not be transferred to another person or to any other immunization center.	
6. I acknowledge that the designated yellow fever immunization administration center is required to have standing order for immunization administration and a Vaccine Management Plan. These polices must be available and reviewed annually by all staff providing yellow fever immunization services and program coordinators.	
7. I acknowledge once the yellow fever vaccine has been administered, the client and vaccine dose information must be entered in the Florida SHOTS centralized online immunization registry within 72 business hours. Visit, flshotsusers.com/health-care-providers/health-care-providers-faqs	
8. I acknowledge that prior to ordering yellow fever vaccine from the manufacturer, Sanofi, FDOH must have received a picture image of the yellow fever stamp to verify proper stamp format. The yellow fever stamp must display the unique number and proper format as designated on the FDOH approval letter.	

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9. I acknowledge the yellow fever stamp must be kept in a secure location when not in use. The stamp must only be used by the stamp holder and their designees.	
10. I acknowledge a current International Certificate of Vaccine (ICV), or Prophylaxis (ICAP) card will be completed and distributed to each client that receive the yellow fever vaccine. The Foreign Quarantine Program will sample traveler ICV periodically at ports of entry. Improperly authenticated certificates bearing the stamp will be returned to the health center of the state in which they were issued. International Certificate of Vaccination or Prophylaxis as Approved by the World Health Organization (Package of 25) | U.S. Government Bookstore	
11. I acknowledge I must promptly report any serious vaccine adverse events in the Vaccine Adverse Events Reporting System (VAERS). vaers.hhs.gov	
12. I acknowledge that a current list of countries and areas in which yellow fever is endemic shall be maintained and displayed. cdc.gov/yellow-fever/africa cdc.gov/travel	
13. I acknowledge that I must notify the FDOH Immunization Section immediately of the stamp holder's address changes, if the stamp holder is no longer providing this service, or if the stamp is lost or stolen. Any time the stamp holder is no longer associated with the immunization center, the yellow fever designation is no longer valid. Email: ImmunizationsYellowFever@FlHealth.gov or call 850-245-4342.	
14. I acknowledge the FDOH Immunization Section may conduct an audit, announced or unannounced, of records, documents, protocols, and any other aspect of the Yellow Fever Immunization Program at any approved immunization center. Failure to meet the yellow fever program requirements may result in the removal of the stamp holder and designated administration center from the CDC central registry and from the yellow fever vaccine manufacturer's approved list of ordering providers.	
15. I acknowledge that recertification is required every three years. A new application must be completed for each administration center prior the renewal date listed on the approval letter. Failure to submit the renewal application will result in the removal of the stamp holder and designated immunization center from the CDC central registry and from the yellow fever vaccine manufacturer's approved list of ordering providers.	

Submit complete registration packet to: ImmunizationsYellowFever@FlHealth.gov

PRINT NAME OF RESPONSBILE YELLOW FEVER STAMP HOLDER APPLICANT	SIGANURE OF RESPONSIBLE YELLOW FEVER STAMP HOLDER APPLICANT	Date