

**ACKNOWLEDGEMENT FOR YELLOW FEVER
VACCINATION CENTER CERTIFICATION**

ACIP Recommendations Statement	
I acknowledge that I have read and understand the recommendations outlined by the CDC’s Advisory Committee on Immunization Practices (ACIP) regarding the administration and storage and handling of yellow fever vaccine.	Initials
Yellow Fever Vaccine Storage Statement	
I acknowledge that I have read and understand the requirements outlined by the North Carolina Department of Public Health, Immunization Branch for proper storage of yellow fever vaccine and will be compliant with the recommendations. I understand that I must maintain vaccination and temperature logs (for three years), and may be subject to an audit without notice and asked to provide these logs for review. Failure to provide this documentation upon request may result in the cancellation of my stamp and ability to order vaccine.	Initials
Staff Training	
I agree to require staff responsible for advising travelers on yellow fever to complete the <i>CDC Yellow Fever Course: Information for Healthcare Professionals Advising Travelers</i> found at https://wwwnc.cdc.gov/travel/page/yellow-fever-vaccine-course	Initials
Yellow Fever Vaccination Center	
I agree to serve the general public and administer yellow fever vaccine only at an official North Carolina Yellow Fever Vaccination Center. I agree to order the vaccine directly from the manufacturer.	Initials
International Certificate of Vaccination of Prophylaxis Card	
I agree to record yellow fever vaccine with my official uniform stamp on the International Certificate of Vaccination or Prophylaxis (ICVP) card.	Initials
Vaccine Information Sheet (VIS) Statement	
I acknowledge that I understand that the VIS on yellow fever must be given to a patient prior to administering the yellow fever vaccine.	Initials
Vaccine Administration	
I understand that yellow fever vaccine is administered subcutaneously (SC). The stamp can be used to validate cholera vaccination. Any adverse reactions to yellow fever vaccine must be reported to VAERS.	Initials
Vaccine Entry	
I agree to record each administered dose of yellow fever vaccine in the North Carolina Immunization Registry (NCIR) or on the Yellow Fever Vaccination Log provided.	Initials
Recertification	
I acknowledge that I must recertify as a North Carolina Yellow Fever Vaccination Center every three years to continue receiving vaccine.	Initials
Address Change	
I agree to notify the North Carolina Immunization Branch if there is an address or phone number change; or if the approved physician leaves the practice or if the stamp is lost or stolen.	Initials

Provider Print Name

Provider Signature

Date Signed