

Acknowledgment For Yellow Fever Vaccine Center Certification	on
ACIP RECOMMENDATIONS	
I acknowledge that I have read and understand the recommendations for the administration of yellow fever vaccine outlined by the Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). STAFF TRAINING	Initial Here
I agree to require staff responsible for advising travelers on yellow fever vaccine	Initial Here
to complete the CDC Yellow Fever Course: <i>Information for Healthcare Professionals Advising Travelers</i> and to read and understand the recommendations for the administration of yellow fever vaccine outlined by the CDC's ACIP.	initial Here
IRIS ENTRY	
I agree to record each administered dose of yellow fever vaccine in the Idaho Immunization Information Reminder System (IRIS).	Initial Here
VACCINE INFORMATION STATEMENT	
A current Vaccine Information Statement (VIS) must be provided to each recipient of Yellow Fever vaccine prior to administration.	Initial Here
ADMINISTRATION, STORAGE, AND HANDLING	1
I agree to adhere to administration, storage, and handling requirements as determined by ACIP and the yellow fever vaccine manufacture.	Initial Here
YELLOW FEVER VACCINATION CENTER	ı
I agree to administer yellow fever vaccine only at an official Idaho Yellow Fever Vaccination Center	Initial Here
INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS CARD	
I agree to record yellow fever vaccine with my official uniform stamp on the International Certificate of Vaccination or Prophylaxis (ICVP) card.	Initial Here
RECERTIFICATION	
I acknowledge that I must recertify as a Idaho Yellow Fever Vaccine Center every three years to continue receiving vaccine.	Initial Here
ADDRESS CHANGE	<u>I</u>
I agree to notify the Idaho Immunization Program if there is an address change for the Yellow Fever Vaccination Center.	Initial Here
Provider Name (Print)	
Provider Signature	Date Signed

