

ACKNOWLEDGEMENT FOR YELLOW FEVER VACCINATION CENTER CERTIFICATION

ACIP Recommendations	
I acknowledge that I have read and understood the recommendations for the administration of yellow fever vaccine outlined by the CDC's Advisory Committee on Immunization Practices (ACIP).	Initial Here
Staff Training	
I agree to require staff responsible for advising travelers on yellow fever vaccine to complete the CDC <i>Yellow Fever Course: Information for Healthcare Professionals Advising Travelers</i> and read and understood the recommendations for the administration of yellow fever vaccine outlined by the CDC's Advisory Committee on Immunization Practices (ACIP).	Initial Here
WIR Entry	
I agree to record each administered dose of yellow fever vaccine in the Wisconsin Immunization Registry (WIR) or RECIN.	Initial Here
Vaccine Information Statement	
I agree to give the Vaccine Information Statement (VIS) to every yellow fever vaccine recipient prior to administering the vaccine.	Initial Here
Administration, Storage, and Handling	
I agree to adhere to administration, storage, and handling requirements as determined by ACIP and the yellow fever vaccine manufacturer.	Initial Here
Yellow Fever Vaccination Center	
I agree to administer yellow fever vaccine only at an official Wisconsin 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 Wisconsin Yellow Fever Vaccination Center every three years to continue receiving vaccine.	Initial Here
Address Change	
I agree to notify the Wisconsin Immunization Program if there is an address change for the Yellow Fever Vaccination Center.	Initial Here

Provider Name (Print)

Provider Signature

Date Signed