

**NEW APPLICATION
ADDRESS CHANGE**

**RENEWAL APPLICATION
ADD ADDITIONAL LOCATIONS**

INSTRUCTIONS		
Fill out the information below to become a Yellow Fever vaccine provider. Email the completed form to YellowFever@doh.wa.gov Please send any questions regarding the application process to YellowFever@doh.wa.gov		
PROVIDER INFORMATION		
Title (E.g.: PharmD, MD):		License Number:
Name: Last	First	Middle
FACILITY INFORMATION		
Facility Name:		
Vaccine Delivery Address:		
City:	State: Washington	Zip Code:
Telephone Number:	Fax Number:	
Personal Email Address:		
Work Email Address:		
Does your facility administer the yellow fever vaccine to patients under 18 years of age? <input type="radio"/> YES <input type="radio"/> NO		
Do you work at multiple sites? <input type="radio"/> YES <input type="radio"/> NO (If yes, list second site below. If additional sites, please include an addendum to this application listing those sites and all required facility information.)		
Second Facility Name:		
Vaccine Delivery Address:		
City:	State: Washington	Zip Code:
Telephone Number:	Fax Number:	
Work Email Address:		
Does your facility administer the yellow fever vaccine to patients under 18 years of age? <input type="radio"/> YES <input type="radio"/> NO		

CERTIFICATION

As a Washington state Yellow Fever certified stamp holder, I agree to the following:

- 1) To comply with all Center for Disease Control and Prevention (CDC) and Washington State Department of Health (DOH) requirements pertaining to the use of the Yellow Fever stamp.
- 2) I understand that the stamp is not to be used by others, and that I am required to notify the Office of Immunization at DOH (YellowFever@doh.wa.gov) of any changes to the original application, of additional locations I will be administering Yellow Fever vaccine out of, or if I no longer provide the immunization service.
- 3) I verify that I have completed the online CDC Webinar “Yellow Fever Vaccine: Information for Health Care Professionals Advising Travelers”. [Yellow Fever Vaccine Course | Travelers' Health | CDC](#)
- 4) Once the Yellow Fever vaccine has been administered, traveler and vaccine dose information should be entered into the Washington State Immunization Information System (IIS).
- 5) To provide to every patient that receives the vaccine the [Vaccine Information Statement \(VIS\) for Yellow Fever](#).
- 6) To report of any serious vaccine adverse events must be made promptly in the Vaccine Adverse Events Reporting System (VAERS). Serious adverse events are those that require a healthcare visit within 30 days of the vaccination(s).
- 7) Proper vaccine storage and administration must be followed:
 - The Yellow Fever vaccine is a multi-dose vial and must be stored at temperatures of 2-8 degrees C (36-46 degrees F) until it is reconstituted by the addition of diluent supplied by the manufacturer.
 - The diluent may be stored in the refrigerator with the vaccine or separately at room temperature.
 - The vaccine must be administered within 60 minutes of reconstitution; any unused vaccine should be discarded after one hour of reconstitution.
 - Refrigerator temperatures should be checked twice daily, at the beginning and end of each workday. Min/max temperatures should also be checked, once each workday, preferably in the morning.
- 8) A list of countries and areas in which yellow fever is endemic shall be maintained and kept current at each facility. This information is included on the CDC Yellow Fever website and can be found at [Yellow Fever Maps](#). Travel health notices are posted to CDC Travelers’ Health website at [Travelers' Health | CDC](#).
- 9) To keep a supply of [International Certificate of Vaccination or Prophylaxis \(ICVP\) Yellow Cards](#) on hand to provide to people who receive the vaccine.
- 10) I am aware that the provider and facility information listed on this application will be entered into the CDC Yellow Fever Vaccine Stamp Owner Registry Being listed on the registry allows the public to search for Yellow Fever Vaccination Clinics. [Search for Yellow Fever Vaccination Clinics | Travelers' Health | CDC](#)

Signature of Applicant:

Date: