



YELLOW FEVER / UNIFORM STAMP AGREEMENT

Applicant for stamp ownership: _____

Eligibility: ___ Physician

___ Physician's Assistant

___ Nurse Practitioner (with prescription-writing privileges)

Applicant Email Address: _____

Applicant Phone: _____

Contact Name (if different): _____

Contact Email Address: _____

Contact Phone: _____

Facility Name (if applicable): _____

Address: _____

City: _____ ZIP: _____

Facility Phone: _____ FAX: _____

Website: _____

I will be providing travel immunizations to the general public? Yes ___ No___

My services will include: Vaccines___ Individualized travel health consultations___
(Check all that apply)

On which basis will services be provided? Walk-in___ Appointment ___ Other___

I hereby apply to the Utah Department of Health Immunization Program for a Uniform Stamp and to be designated as a Yellow Fever administration site. I agree to the following control measures and requirements, on behalf of myself and all the practitioners, nurses and others who will be administering the yellow fever vaccine:

1. I, the physician, physician's assistant, or nurse practitioner (with prescription writing privileges) to whom a stamp is issued for authentication of International Certificates of Vaccination and practitioners under my supervision are fully knowledgeable concerning the procedures necessary for issuing a valid document. These procedures are described in the

annually updated booklet, **Health Information for International Travel**. I, and those under my supervision, must also remain current with disease outbreaks and warnings posted on The Centers for Disease Control and Prevention's travel website (available at: <http://www.cdc.gov/travel>). I understand that the Uniform Stamp is issued under my medical license number and cannot be transferred to another owner.

2. I understand that the Uniform Stamp will be used to validate only those Certificates issued by a licensed physician, physician's assistant, or nurse practitioner with prescription-writing privileges. The Uniform Stamp, which remains the property of the Utah Immunization Program, must be properly safeguarded and access to it must be limited only to myself and individuals under my supervision who have been formally designated on the application to administer yellow fever vaccine.

3. I understand that no stamp will be duplicated. Loss or theft of the Stamp will be reported immediately to the Utah Immunization Program at (801) 538-9450, and to the Division of Global Migration and Quarantine, Centers for Disease Control, Atlanta, Georgia, 30333.

4. I will provide documentation of completion of CDC's online **Yellow Fever Vaccine Course** for every person administering yellow fever vaccine under my uniform stamp number before any yellow fever vaccine is administered. Between annual renewals of the yellow fever agreement, I will provide names and documentation of course completion to the Utah Immunization before additional personnel administer yellow fever vaccine. The course is free but must be taken under one of the continuing education sections in order to generate documentation of completion: www.cdc.gov/travel-training/about-yellow-fever-vaccine.html

Documentation should be mailed or faxed to:

Immunization Program
Utah Department of Health
PO Box 142001
Salt Lake City, Utah 84114-2001
FAX (801) 538-9440

5. I understand that continued approval for possession of the Stamp, and continued need for its possession will be established annually by completing a renewal application sent by the Utah Immunization Program and providing **Yellow Fever Vaccine Course** documentation for any vaccine administrators under my supervision who are listed on the renewal form and have not provided documentation previously. Each annual renewal application must contain my original signature. Completion of the questions, temperature logs, current vaccine storage and handling policy and course documentation for newly added vaccine administrators are required and should accompany each annual renewal application submitted.

6. I am aware that the Foreign Quarantine Program will sample travelers' International Certificates of Vaccination periodically at ports of entry. Improperly authenticated Certificates bearing the Uniform Stamp will be returned to the Health Officer of the State in which they were issued.

7. I will comply with the appropriate immunization schedule, dosage, and contraindications, that are recommended by the CDC, unless in my medical judgement, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate.

8. I will assure that Yellow Fever VIS statements will be distributed to patients when the vaccine

is administered and the patients will be informed of vaccine risks.

9. I will keep on hand, the current **International Certificate of Vaccination**, to provide to each vaccinee. International Certificates of Vaccination can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, telephone 1-202-512-1800. The stock number is 017-001-00483-9 (\$15.00 per 100).

10. I will keep on hand a current edition of the booklet **Health Information for International Travel**. This booklet can be purchased at:

<http://wwwnc.cdc.gov/travel/page/yellowbook-2012-home.htm>

Or call 1-800-451-7556 (USA) or 1-919-677-0977, Monday–Friday between 8:00 am–6:00 pm (Eastern Time) and ask for ISBN# 978-0-19-976901-8

11. I understand that the Yellow Fever vaccine must be continuously maintained and stored at temperatures **between 2° and 8° C (35° and 46°F)**. I will provide two weeks of temperature logs with this application to verify that temperatures are within range. I will also develop a written policy on the appropriate storage and handling of the yellow fever vaccine and review it with the staff annually.

12. I will report any serious vaccine adverse event promptly to the Vaccine Adverse Events Reporting System (VAERS). Serious Adverse events are those that require a health care visit within 30 days of vaccination. For more information about VAERS, Call (800) 822-7967 or visit their website at: <http://vaers.hhs.gov>

13. I will notify the Utah Immunization Program immediately of a change in address, or if the above named applicant is no longer providing this service.

14. I understand that the Utah Immunization Program may terminate this agreement at any time for failure to comply with these requirements or I may terminate this agreement at any time for personal reasons. I will return the Yellow Fever / Uniform Stamp to the Utah Immunization Program when this agreement is terminated.

Signature of Applicant: _____

Date: _____ Medical License # _____

Please list all personnel who will be administering the yellow fever vaccine under the supervision of the applicant at this site:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STATE HEALTH DEPARTMENT USE ONLY	▼ Stamp Impression
Stamp Ordered (Date) _____ Stamp Sent (Date) _____ Approved by _____	

Sample