



APPLICATION AND AGREEMENT FOR DESIGNATION AS A YELLOW FEVER VACCINATION CENTER

Immunization Service, Oklahoma State Department of Health

123 Robert S Kerr, Ste 1702

Oklahoma City, OK 73102-6406

Phone: (405) 426-8580

Email: IMM.YellowFever@health.ok.gov

PLEASE TYPE OR PRINT

(Complete form and return to the Immunization Service by regular mail, e-mail or via fax)

Provider's First Name:	Provider's Last Name:	Provider's Middle Name/Initial:
Provider's Title (MD, NP, DO, etc.):	Providers Medical License Number:	Facility County:
Facility Name:	Facility Street Address:	Facility Building Name/Number/Suite (if Applicable):
Facility City:	Facility State:	Facility Zip Code:
Name of Stamp Holder:	Stamp Holder's Position at Facility:	Is The Facility Street Address the Same as Mailing Address: YES NO
Facility Website Address (If Applicable):		If "NO" Please fill in the following address field
Facility Mailing Address (include City, State & Zip):		
Primary Phone Number:	Primary Fax Number:	Primary E-mail Address:
Does facility want to be listed on the CDC and Oklahoma State Dept. of Health Travel websites? YES NO	Hours and Days of Operation:	Does the Clinic Operate as a Walk-In Clinic, By Appointment Only or Both? WALK-IN /APPOINTMENT ONLY / BOTH
Name of Person at Facility to be Primary Contact with Immunization Service:		
Telephone Number or Extension of Primary Contact:		
Type of Facility (Check one below):		
County Health Department	Private Clinic open to the public	Private clinic <u>not</u> open to the public
Private Employer	Military	University that only serves student/employee population
Public clinic other than a health department (i.e. - Federally Qualified Health Center, Rural Health Clinic, etc.)		Other (Please specify):
Facility Capacity:		
Does facility staff who will make vaccine recommendations have access to the internet? (Y/N)		
Does facility staff have previous training in recommendations for vaccination for international travel? (Y/N)		



If "Yes" please describe training:
Does facility participate in the Oklahoma State Immunization Information System (OSIIS)? (Y/N)

To be designated as a Yellow Fever Vaccination Center in Oklahoma, I agree to the following conditions on behalf of myself and all other practitioners, nurses and others associated with this medical office, group practice, managed care organization, health department or other health delivery facility of which I am the physician-in-charge or equivalent:

1. The Yellow Fever Vaccine and all other vaccines administered for international travel at this facility will be stored at the recommended temperatures.
2. Refrigerator and freezer temperatures will be recorded on a log twice daily for all days when the facility is conducting business, in the morning upon arrival at the facility and in the evening before leaving. The temperature logs will be kept on file for 2 years and will be available for review by Immunization Service personnel.
3. Yellow Fever Vaccine will be discarded when the expiration date on the vial is reached and/or one hour after the vaccine is reconstituted.
4. Facility staff will follow recognized medical practice guidelines when determining which individuals will receive Yellow Fever Vaccine.
5. Facility staff will follow the vaccine manufacturer's guidelines and the recommendations of the Advisory Committee on Immunization Practices (ACIP) for administration of Yellow Fever Vaccine regarding the site, route and volume of vaccine administered.
6. Facility staff will follow established procedures to screen vaccine recipients for contraindications to Yellow Fever Vaccine prior to vaccine administration.
7. Facility staff will not administer Yellow Fever Vaccine or any other vaccine in the gluteus.
8. Facility staff will maintain a permanent record or log of persons receiving the Yellow Fever Vaccine including: the name, sex, date of birth, vaccine lot number, vaccination date, prior Yellow Fever vaccination, destination countries and any adverse events/ VAERS reports.
9. Yellow Fever Vaccine will not be redistributed from the facility.
10. The Uniform Stamp issued to this facility will be used to validate only those Certificates issued by this facility.
11. The Uniform Stamp will be kept in a safe place when not in use, and will not be loaned to other facilities.
12. Adverse reactions to Yellow Fever Vaccine of sufficient severity to require medical attention will be reported on a Vaccine Adverse Event Reporting System (VAERS) Form to VAERS.
13. This facility will notify the Immunization Service, Oklahoma State Department of Health of any change in the facility's status including: a change in the physician in charge, change in address, telephone number, fax number, etc.
14. This facility will cooperate with quality assurance visits (normally conducted yearly) from Immunization Service staff including: providing access to temperature logs for vaccine storage equipment and logs of persons receiving Yellow Fever Vaccine. (Visits will be conducted more frequently if: improper storage, administration or record-keeping procedures are found)
15. This facility will surrender the Uniform Stamp to Immunization Service, Oklahoma State Department of Health if/when Yellow Fever Vaccination Center Designation is revoked or the facility voluntarily withdraws its designation.

STATEMENT OF PHYSICIAN IN CHARGE:

I certify that the information on this application is complete and accurate; that I agree to the conditions listed above and that the Uniform Stamp (Impression to be shown below) is the property of the State of Oklahoma and shall be returned at the request of the Oklahoma State Department of Health.

Signature of Physician In Charge

Date

**APPLICANT – DO NOT WRITE IN THIS SECTION
THIS SECTION FOR OKLAHOMA STATE DEPARTMENT OF HEALTH USE ONLY**

Stamp Impression

Approved by Immunization Service Director	
_____ Name and Title	_____ Date