



APPLICATION FOR YELLOW FEVER VACCINATION VALIDATION UNIFORM STAMP AND VACCINATION SITE AGREEMENT

New Applicant

Recertification

Physician applicant: _____

Kansas medical license number: _____ DEA number: _____

Agency (if applicable): _____

Physician address: _____ City: _____ ZIP: _____

Telephone: _____ Fax: _____ E-mail: _____

Physician's board certification(s): _____

Alternative contact person and e-mail: _____

Site where vaccine will be administered (*Note: Uniform Stamp is not transferrable to other sites and only one site should be listed. If you need a stamp for another location please fill out a separate application for each site.*)

Facility name: _____

Street address: _____ City: _____ ZIP: _____

Type of facility (check only one): Physician office/practice Pharmacy Clinic without on site physician
 Health Department University Other Specify _____

Does a physician practice at this facility? No Yes

Is the vaccination site located within another facility (e.g. a pharmacy within a retail store)? No Yes

If yes, describe: _____

Will vaccine be administered under standing order? No Yes

Indicate the days and times of the week yellow fever vaccine will be available:

Days of the Week	Vaccine Availability	Times Available			
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Is this facility open to the public? No Yes

Estimated number of yellow fever vaccinations to be administered per year: _____

YELLOW FEVER VACCINATION VALIDATION UNIFORM STAMP VACCINATION SITE AGREEMENT

I hereby apply to the Kansas Department of Health and Environment (KDHE) to be designated as a physician responsible for the yellow fever Uniform Stamp at the site listed on the application and agree to/affirm the following (check each box):

- The site listed on this application has adequate facilities, equipment, and professionally trained personnel for the handling, storage, temperature monitoring and administration of potent and pure yellow fever vaccine (YFV) and for the emergency management of anaphylactic reactions to YFV.
- For YFV to be administered at this site to a pregnant woman, a woman who is breastfeeding, an individual 60 years of age or older, or an individual with asymptomatic HIV infection or other immunocompromising condition, a patient-specific order for YFV by a physician who has evaluated the risks and benefits of vaccination for the individual against the individual's destination-specific risk for exposure to yellow fever will be required.**
- The Uniform Stamp will only be used by the site named in the application and under my authority, and vaccine will not be distributed or loaned to other sites for administration using this Uniform Stamp.
- The Department will be notified immediately if the site covered by this agreement closes, if I am no longer affiliated with this site, or if YFV is no longer being provided at the site covered by this agreement. If the site closes, or is no longer providing YFV, or I am no longer affiliated with the site listed, I will ensure that the Uniform Stamp is mailed back to the KDHE.
- Each order for YFV will be from a physician at this site who is licensed to practice medicine in Kansas. Arrangements are in place to ensure that a physician/physician practice with appropriate training and experience who is located in close proximity to the site listed will be available at any time the YFV is administered for urgent consultation and ordering of necessary tests for evaluation of possible adverse reactions to YFV, including neurotropic and viscerotropic disease. Contact number(s) to call in order to reach the physician/physician practice that will provide evaluation of possible adverse reactions to YFV will be provided to all recipients of YFV at the site listed on this application.
- Use of the International Certificate of Vaccination and Prophylaxis (ICVP) and administration at this facility of the YFV will be in accordance with state of Kansas statutes and regulations, and the requirements and recommendations of the United States Public Health Service and the Centers for Disease Control and Prevention (CDC), including CDC recommendations pertaining to YFV contraindications and coadministration of live vaccines.
- Individuals authenticating ICVPs and medical waivers at this site will be fully knowledgeable concerning the procedures necessary because ICVPs and medical waivers must be complete in every detail; if incomplete or inaccurate, it is not valid, and that certificates that are not valid can cause a traveler to be quarantined, denied entry or possibly revaccinated at the point of entry to a country.
- If a medical waiver is granted, the traveler will be provided with a signed and dated exemption letter on your letterhead stationery, clearly stating the contraindications to vaccination and bearing the Uniform Stamp. In addition, the traveler will be informed of increased risk of yellow fever infection associated with not being vaccinated and how to minimize this risk by using mosquito protection measures, and consideration of altering the planned travel itinerary. In addition, the traveler will be informed of measures that may increase the likelihood that the medical waiver will be accepted.
- The site listed will provide yellow fever vaccinations to persons who are not in the clinic's primary patient population. (Note: The that KDHE does not expect facilities to provide this service at no cost. It is left to the discretion of the site to determine the cost and payment arrangements.)
- I understand that the Uniform Stamp, which remains the property of the KDHE, is assigned to my responsibility. It will not be loaned to anyone and will be properly safeguarded; access to it will be limited only to myself and others designated in this site's written policy. If the Uniform Stamp is lost or stolen, the KDHE will be notified immediately at 877-427-7317.

- An up-to-date yellow fever vaccine information statement will be provided to all vaccine recipients.
- Reports of serious adverse events will be made promptly to the Vaccine Adverse Events Reporting System (VAERS). For information about VAERS, call 800-822-7967 or visit the website at <https://secure.vaers.org/VaersDataEntryintro.htm>. (Serious adverse events are those that require a health care visit within 30 days of the vaccination.)
- Up-to-date access to a list of countries and areas of these countries in which yellow fever is endemic and where YFV is required and recommended will be maintained and kept current at the site listed on the application.
- All individuals at the site listed on the application that evaluate individuals for receipt of YFV and all physicians ordering YFV will successfully complete the CDC YFV course.
- A certificate documenting successful completion of the CDC YFV Course is attached for the physician signing this agreement.
- I understand that the KDHE may terminate this agreement, after providing notice. The KDHE also may terminate this agreement if the provider fails to comply with the terms of this agreement, or if less than 20 doses of YFV are administered annually, unless the vaccine is provided in an area designated as underserved.
- I understand that I must recertify as a Kansas Yellow Fever Vaccine Center every three years to continue receiving the vaccine.
- I agree to notify KDHE if there is an address change for the Yellow Fever Vaccination Center by submitting an address change form.

The signature below acknowledges agreement with the above conditions:

Applicant's Signature

Date

Kansas Department of Health and Environment Use Only	Stamp Impression
Stamp Ordered _____ (Date) Stamp Sent _____ (Date)	
Yellow Fever Center: <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____ (Date)	
Approved by: _____	