



Indiana State Department of Health

Instructions for Certified Yellow Fever Vaccine Provider Application and Vaccination Site Agreement

Part of State Form 53885 (R / 8-19)

According to International Health Regulations, yellow fever vaccine must be administered at certified yellow fever vaccination centers. The Indiana State Department of Health (ISDH) is responsible for designating physicians in the state authorized to provide, under their orders, yellow fever vaccine for persons who travel outside the United States. The certified provider must be a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) licensed to practice in the State of Indiana. Applicants to become a certified yellow fever vaccine provider must obtain a Uniform Stamp following the specifications below. The Uniform Stamp is needed to officially document on a patient’s International Certificate of Vaccination that the yellow fever vaccination was given. If the application is approved by ISDH, you will become a certified yellow fever vaccine provider in Indiana and the site listed will be eligible to purchase and administer yellow fever vaccine.

Note that the physician (MD or DO) applying to become a certified provider:

Must include certification of the CDC Yellow Fever Vaccine Course. All personnel that will be screening travelers for receipt of and/or administering Yellow Fever Vaccine must also successfully complete this course and make their certificates available upon request.

The Centers for Disease Control and Prevention (CDC) has developed a web-based registry of authorized yellow fever vaccination clinics. It is important that this information remain up to date, as travelers will be using it to locate vaccine providers in their area. If you change the address of your practice, you must notify ISDH immediately.

How to apply:

1. Review the requirements listed below and verify that your facility can meet these requirements.
2. Complete the CDC Yellow Fever Vaccine course and attach a certificate of completion for the physician applicant to this application. NOTE: A current e-mail address must be included on the application. Official communication about the status of your facility’s application will be completed via e-mail.
3. Order a Uniform Stamp from a vendor of your choice. The Uniform Stamp face should not exceed 5/8” x 1¼” due to limitation of space provided for validation in the International Certificate of Vaccination. The format of the stamp is as follows:

		Example:
Line 1	OFFICIAL VACCINATION	OFFICIAL VACCINATION
Line 2	INDIANA	INDIANA
Line 3	[Medical License Number]*	10 089 10080
Line 4	U.S.A.	U.S.A.

*City and county codes should be used for Local Health Departments seeking certification.

4. Order the International Certificate of Vaccination or Prophylaxis as Approved by the World Health Organization, available online at the U.S. Government Bookstore (<https://bookstore.gpo.gov/products/international-certificate-vaccination-or-prophylaxis-approved-world-health-organization>).
5. Complete the application form below, including an imprint of the uniform stamp. Fax the completed application, with certificate of completion of the CDC Yellow Fever Vaccine course, to ISDH at 317-234-2812. Applications with missing or incomplete information will not be processed.



**CERTIFIED YELLOW FEVER VACCINE PROVIDER
APPLICATION AND VACCINATION SITE AGREEMENT**

State Form 53885 (R / 8-19)
INDIANA STATE DEPARTMENT OF HEALTH

Physician (MD or DO) Applicant

First Name: _____ Middle Initial: _____ Last Name: _____

Indiana Medical License Number: _____

Note: License must be in good standing with the Indiana Professional Licensing Agency.

DEA Number: _____

Physician's board certification(s): _____

Physician's e-mail (required): _____

Site where vaccine will be administered

(Note: The uniform stamp is not transferrable to other sites and only one site should be listed.)

Facility Name: _____

Address (number and street): _____

City: _____ ZIP: _____ Telephone: _____

Fax: _____ Website: _____

Facility contact person (required): _____

Facility contact e-mail (required): _____

Type of facility (check one): Physician's office / practice Pharmacy Clinic Other

If other, specify: _____

Does a physician (MD or DO) practice at this facility (check one)? Yes No

If no, are arrangements in place to ensure a physician (MD or DO) or physician practice with appropriate training and experience is available seven (7) days a week for urgent consultation and evaluation of possible adverse reactions (check one)? Yes No

Clinic hours: _____

Open to the public? Yes No

Appointments required? Yes No

Services to be provided:

General travel immunizations (i.e., hepatitis, MMR, Td)

Malaria prophylaxis

Vaccination Site Agreement

I hereby apply to the Indiana State Department of Health (ISDH) 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 (*initial 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 sixty (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 ISDH 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, is no longer providing YFV, or I am no longer affiliated with the site listed, I will ensure that the Uniform Stamp is removed from the facility.
	I understand that the Uniform Stamp 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 ISDH will be notified immediately.
	Each order for YFV will be from a physician (MD or DO) at this site who is licensed to practice medicine in Indiana. Arrangements are in place to ensure that a physician/physician practice (MD or DO) with appropriate training and experience who is located in close proximity to the site listed will be available seven days a week for urgent consultation and ordering 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 the state of Indiana 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 co-administration of live vaccines.
	Individuals authenticating ICVPs and medical waivers at this site will understand that ICVPs and medical waivers must be complete in every detail; incomplete or inaccurate ICVPs and medical waivers are 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 stationary, 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 for 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.
	I have ordered the International Certificate of Vaccination or Prophylaxis as Approved by the World Health Organization from the U.S. Government Bookstore.
	The site listed will allow persons who are not in the clinic's primary patient population to make appointments for yellow fever vaccinations. The ISDH 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.

Vaccination Site Agreement (continued)

	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 ISDH and 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 thirty (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 physicians ordering YFV and all personnel evaluating patients for receipt of YFV (e.g., nurses, nurse practitioners, physician assistants, pharmacists) at the site listed on the application will successfully complete the CDC YFV course and make certificates of completion available to ISDH upon request.
	A certificate documenting successful completion of the CDC YFV course is attached for the physician signing this agreement.
	I understand the ISDH may terminate this agreement after providing notice if the provider fails to comply with the terms of this agreement.
	I understand that I must recertify as an Indiana Yellow Fever Vaccination Center every two (2) years to continue receiving the vaccine.
	I agree to notify ISDH if there is an address change for the Yellow Fever Vaccination Center.
	I understand that I am required to complete a yearly questionnaire and will be required to report the annual number of YFV doses administered at this site and other information as requested by ISDH.
	I understand the ISDH may request documentation from, or visit, YFV sites for the purposes of assessment and audit and in order to review compliance with this agreement.

The signature below acknowledges agreement with the above conditions:

Physician Applicant's Signature: _____ Date (month, day, year): _____

Imprint the Uniform Stamp below.

ISDH USE ONLY

Approved Not Approved

Signed: _____ Date (month, day, year): _____