

Yellow Fever Vaccine Program

ACIP Recommendations and Vaccine Storage Physician/Practitioner Acknowledgement Form

This form must be completed by the Uniform Stamp Holder. Please TYPE the information into the form.

ACIP Recommendation Statement

I acknowledge that I have read and understand the Recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the administration of yellow fever vaccine.	Initials
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CDC Yellow Fever Webinar Training

I acknowledge that I have completed the online two-part CDC Yellow Fever Vaccine Course and printed/saved the transcripts from the training to submit as verification.	Initials
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Yellow Fever Vaccine Storage Statement

I acknowledge that I have read and understand the requirements outlined by the Wyoming Department of Health Immunization Unit for proper storage of yellow fever vaccine and will be compliant with the requirements.	Initials
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Vaccine Information Statement (VIS)

I acknowledge that I understand that the Yellow Fever VIS must be given to each patient prior to administering yellow fever vaccine.	Initials
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Provider Certification

By typing your name below, you acknowledge you have been informed about the resources, policies, and procedures set forth by the Yellow Fever Vaccine Program.

ELECTRONIC SIGNATURE

Prescribing Physician/Practitioner

Title

Date