

Wyoming Yellow Fever Vaccine Program

Designation of Additional Vaccination Center Application

This form is used by a Uniform Stamp Holder to designate additional facilities that are under their jurisdiction as Yellow Fever Vaccination Centers. Program expectations and full application process can be found in the Wyoming Yellow Fever Vaccine Program Procedures Guide.

Provider Information

Full Name: _____

Wyoming License Type (Physician, Nurse, Pharmacist) and Number: _____

Email Address: _____

Uniform Stamp # (leave blank if submitting as part of an initial application): _____

Vaccine Coordinator Information

Full Name: _____

Credentials: _____

Email Address: _____

Facility Information

Facility Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Shipping Address (for vaccine orders): _____

City: _____ Zip Code: _____

Facility Phone Number: _____

Do you want this facility to appear on the CDC "Find a Yellow Fever Clinic" public website? _____

Does this facility provide travel vaccinations to those under 18 years of age? _____

Please select other travel vaccines/medications offered at this facility:

- | | | | | |
|--|--------------------------------------|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Chikungunya |
| <input type="checkbox"/> Tick borne encephalitis | <input type="checkbox"/> Cholera | <input type="checkbox"/> Rabies | <input type="checkbox"/> Adult polio | <input type="checkbox"/> Malaria |

Uniform Stamp Holder Acknowledgement

1. I agree to comply with all requirements from the Wyoming Department of Health (WDH) Immunization Unit pertaining to the use of the Uniform Stamp, as outlined in the Wyoming Yellow Fever Vaccine Program Procedures Guide.
2. I acknowledge that I have read and understood the recommendations for the administration of yellow fever vaccine outlined by the CDC's Advisory Committee on Immunization Practices (ACIP).
3. I agree to require staff responsible for advising travelers on yellow fever vaccine to complete the CDC Yellow Fever Course and read and understand the ACIP recommendations pertaining to yellow fever vaccine.
4. I agree to report each administered dose of yellow fever vaccine in the Wyoming Immunization Registry (WYIR).
5. I agree to give the Vaccine Information Statement (VIS) to every yellow fever vaccine recipient prior to administering the vaccine.
6. I agree to adhere to administration, storage, and handling requirements as determined by ACIP and the yellow fever vaccine manufacturer.
7. I agree to administer yellow fever vaccine only at an official Wyoming Yellow Fever Vaccination Center.
8. I agree to record yellow fever vaccine with my Uniform Stamp on the International Certificate of Vaccination or Prophylaxis (ICVP) card.
9. I acknowledge that I must recertify as a Wyoming Yellow Fever Vaccination Center and Uniform Stamp Holder every three years to continue receiving vaccine.
10. I agree to notify the WDH Immunization Unit if there is an address change for the Yellow Fever Vaccination Center, or if I leave the Center.

Uniform Stamp Holder

Date

New applicants:

Please email to heidi.gurov@wyo.gov :

1. Completed Application for Certified Yellow Fever Uniform Stamp
2. Vaccine Coordinator Acknowledgement Form
3. Certificates of completion for the CDC Yellow Fever Vaccine Course for both the Uniform Stamp Applicant and Vaccine Coordinator
4. Designation of Additional Vaccination Center (if applicable)

For recertification of existing Uniform Stamps:

Please email to heidi.gurov@wyo.gov :

1. Completed Application for Certified Yellow Fever Uniform Stamp
2. Designation of Additional Vaccination Center (if applicable)

If you have any questions, please contact the Wyoming Immunization Unit at 307-777-8981.

Once the WDH Immunization Unit receives your completed application and any required supporting documentation, the WDH Immunization Unit will email instructions on how to procure the Uniform Stamp. It is the provider's responsibility to order and pay for the Uniform Stamp from the vendor selected by WDH Immunization Unit.



**IMMUNIZATION
UNIT**

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