Application for a Medical Practice to become an Approved Yellow Fever Vaccination Centre

This application is made in the name of the medical practice and signed by the practitioner who takes responsibility for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.

(a) Practice Details	
Name of Practice	
Address	
Vaccine Delivery Address (if different to the above address)	
Telephone	
Email	
Fax number	
Name of Contact for Administrative Requirements relating to Yellow Fever Vaccination (practice manager or other)	
Telephone	

(b) Practitioners who will prescribe and administer or supervise the administration of yellow fever vaccines Note: A Yellow Fever Vaccination Centre must have at least one medical practitioner or nurse practitioner accredited to administer the yellow fever vaccine. Accreditation is by successful completion of the online Yellow Fever Vaccination Course. * If more lines are required please attach on a separate sheet of paper.	
1	Name: AHPRA Number: Course completion certificate attached: ☐
2	Name: AHPRA Number: Course completion certificate attached: ☐
3	Name: AHPRA Number: Course completion certificate attached: ☐
4	Name: AHPRA Number: Course completion certificate attached: ☐

(c) Cold Chain Management		
Does this practice have a vaccine management protocol? If yes, please attach a copy to this form.	Y	N
Does this practice have a purpose built vaccine refrigerator with a thermometer or temperature indicator? Brand name, model and litre capacity of fridge:	Y	N
Is the refrigerator regularly serviced and continuously monitored? If yes, please provide details:	Y	N

(c) Cold Chain Management (Continued)		
During the last five years, has this practice experienced any significant cold chain breaches?	Y	N
If yes to any cold chain breaches, have procedures been remedied and is cold chain storage now consistent with the *National Vaccine Storage Guidelines, Strive for Five, 2005 [*and *insert state/territory requirements if needed]?* Please detail any breaches and remedies:	Y	N
Does this practice have an easily accessible copy of *National Vaccine Storage Guidelines, Strive for Five, 2005 [*and *insert state/territory requirements if needed*] to manage cold chain breaches?	Y	N
Are cold chain management strategies in line with the *National Vaccine Storage Guidelines – Strive for 5?* Evidence of this could be through practice accreditation or another mechanism approved by the state or territory health authority.	Y	N

(d) Consent		
Does this practice have formal procedures in place for recording valid consent for yellow fever vaccination? If yes, please attach copies of consent forms.	Y	N
If no, please advise how verbal consent is evidenced:		

(e) Procedures to address indications and contraindications		
Does this practice have formal procedures in place to prevent inadvertent administration of live vaccines to patients with contraindications?	Y	N
Please provide details:		

(f) Referrals from Other Practices		
Will all practitioners covered by this application refer patients back to, or inform the patients usual GP, once yellow fever vaccination is complete?	Y	N

(g) Dealing with Adverse Reactions		
Does this practice have all the equipment, drugs and procedures in place to deal with an immediate severe adverse event following immunisation, including anaphylaxis?	Y	N

(h) Travel Health Advice		
Do all practitioners listed in (b) have access to up-to-date travel advisory and travel health information?	Y	N
Specify sources used in this practice:		
Does the practice have membership of any Travel Medicine Associations?	Y	N
If yes, please list:		

(i) Australian Immunisation Register (AIR)		
Does this practice have procedures in place for recording all vaccines given on the AIR?	Y	N

If the practice holds General Practice Accreditation, please attach a copy of certification to this form.

Name of applicant: _____

Signature: _____

Date: _____

PLEASE SUBMIT COMPLETED FORM TO ACT HEALTH, HEALTH PROTECTION SERVICE, BY FAX: 02 5124 9307, EMAIL: IMMUNISATION@ACT.GOV.AU OR MAIL TO: PO BOX 5005, WESTON CREEK, ACT, 2611

Accessibility

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