

**New Jersey Department of Health
VACCINE PREVENTABLE DISEASE PROGRAM
P.O. Box 369
Trenton, NJ 08625-0369**

**YELLOW FEVER VACCINE PROGRAM
ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS**

This form is used by a NEW Uniform Stamp Holder applicant to acknowledge an understanding of program requirements.

Full Name of Responsible Physician (Stamp Holder)			
Mailing Address			Medical License Number
City	State	Zip Code	Phone
<p>The responsible physician should review and initial each of the following items:</p> <p style="text-align: right;"><u>Initials</u></p> <p><u>Advisory Committee of Immunization Practices (ACIP) Statement</u> I acknowledge that I have read and understand the recommendations outlined by the ACIP regarding the administration of yellow fever vaccine.</p> <p><u>Centers for Disease Control and Prevention Training Statement</u> I acknowledge that I and the Yellow Fever Vaccine Coordinators have viewed the two-part CDC yellow fever webinar available through the CDC website at http://www.cdc.gov/travel-training/?s_cid=yellowfever_005. All other pertinent personnel have also taken the training. (Attach all transcripts with scores.)</p> <p><u>Yellow Fever Vaccine Storage Statement</u> I acknowledge that I have read and understand the requirements outlined by the manufacturer, ACIP, and New Jersey Department of Health, Vaccine Preventable Disease Program regarding proper storage of yellow fever vaccine and will be compliant with the recommendations.</p> <p><u>Vaccine Information Sheet (VIS) Statement</u> I acknowledge that I understand that the most recent version of the VIS on yellow fever vaccine must be provided to a person prior to the administration of the yellow fever vaccine.</p> <p><u>New Jersey Immunization Information System (NJIS)</u> I acknowledge that I understand that I am required to enter all yellow fever vaccines administered into NJIS and follow all NJIS requirements.</p> <p><u>Protocol Development Statement</u> I acknowledge that I understand that I am required to create Standing Orders for Yellow Fever Vaccine and Vaccine Management Plan to be shared with Yellow Fever Vaccine Coordinators and all other pertinent personnel. Both documents will be available at all approved Vaccination Centers.</p> <p><u>Audit Statement</u> I acknowledge that I understand that the New Jersey Department of Health, Vaccine Preventable Disease Program may conduct an audit, announced or unannounced, of records, documents, protocols, and any other aspect of the Yellow Fever Vaccine Program at any approved Vaccination Center.</p>			
SIGNATURE OF RESPONSIBLE PHYSICIAN			
Signature of Responsible Physician			Date

New applicants should reference the Yellow Fever Program Manual to ensure all required forms are submitted. Forms must be mailed to the New Jersey Department of Health, Vaccine Preventable Disease Program at the address above, faxed to the Vaccine Preventable Disease Program, Attention: Yellow Fever Vaccine Program at 609-826-4866, or emailed to yf.vaccine@doh.nj.gov.