

Yellow Fever Vaccination Centre Application Package

Thank you for contacting your local public health unit to apply to become a yellow Fever vaccination centre. The following information is intended to guide you through the application process.

Updated October 2024

Introduction

All medical practices seeking to become a Yellow Fever Vaccination Centre must meet the minimum requirements set out in the [National Guidelines for Yellow Fever Vaccination Centres and Providers](#).

Before completing the following application please read the [National Guidelines for Yellow Fever Vaccination Centres and Providers](#) to ensure your practice meets the minimum requirements for becoming a Yellow Fever Vaccination Centre.

For further information regarding yellow fever accreditation requirements and frequently asked questions please visit the [NSW Health website](#).

The Application Process

If your practice meets the minimum requirements to become a Yellow Fever Vaccination Centre the following must be completed and submitted to your local public health unit.

1. Nominate a medical practitioner who will be responsible for ensuring the practice continues to meet WHO and Australian requirements for yellow fever vaccination following accreditation. The nominated medical practitioner will become the applicant and principal practitioner for yellow fever accreditation requirements.
2. Ensure all individual practitioners intending to prescribe yellow fever vaccination have completed the online yellow fever course. From 1 October 2024, the Yellow Fever Vaccination Learning and Accreditation Course (formerly the Yellow Fever Vaccination Course) will be hosted by the Interim Australian Centre for Disease Control at the Australian Government Department of Health and Aged Care (the department). The Course will be accessible via the yellow fever vaccination course link on the department's yellow fever webpage: www.health.gov.au/diseases/yellow-fever.
3. Complete the *Yellow Fever Application Check List* (page 3).
4. Complete and sign [Attachment A](#) and [Attachment B](#), these forms can be completed electronically.
5. All documents listed in the application checklist must be attached for the application to be processed.

Your local public health unit will review the application and arrange an onsite visit to finalise the application. Once all requirements to become a Yellow Fever Vaccination Centre have been met your local public health unit will forward the application to Health Protection NSW (HPNSW) for approval. You will receive a response from HPNSW via mail within 7-10 business days.

Any change of details following your Yellow Fever Vaccination Centre appointment must be notified to Health Protection NSW within 7 days using [Attachment C Change of Details Form](#). If change in principal yellow fever provider [Attachment B](#) must also be signed and submitted.

Please contact your local public health unit on 1300 066 055 if you require any assistance with the application.

Yellow Fever Centre application Checklist

Pre- application Checklist		Yes	No
1	National Guidelines for Yellow Fever Vaccination Centres and Providers reviewed, available at https://www.health.gov.au/resources/publications/national-guidelines-for-yellow-fever-vaccination-centres-and-providers	<input type="checkbox"/>	<input type="checkbox"/>
2	All practitioners intending to prescribe yellow fever vaccination have completed the Yellow Fever Vaccination Learning and Accreditation Course online Please note: Only accredited practitioners can prescribe yellow fever vaccination at an approved Yellow Fever Vaccination Centre.	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have access to current travel advice and travel health information, to provide patients with advice on mosquito protection and safe travel advice in tropical countries? This may include access to: <input type="checkbox"/> NSW Health Yellow Fever and Mosquitoes are a Health Hazard fact sheets <input type="checkbox"/> Online version of the Australian Immunisation Handbook available at https://immunisationhandbook.health.gov.au/ <input type="checkbox"/> Healthdirect - Travel Health Advice available at https://www.healthdirect.gov.au/travel-health-advice <input type="checkbox"/> Centres for Disease Control and Prevention (CDC) - Yellow Book: Health Information for International Travel available at https://wwwnc.cdc.gov/travel/page/yellowbook-home	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have appropriate vaccine storage and cold chain management practices in place in accordance with the National Vaccine Storage Guidelines 'Strive for 5' ?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have a formal process in place to obtain informed patient consent? Please provide copy.	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have appropriate emergency equipment in place to deal with severe adverse events following immunisation?	<input type="checkbox"/>	<input type="checkbox"/>
Application Checklist: The following attachments must be submitted for the application to be considered:		Yes	No
1	Attachment A completed and signed by the applicant	<input type="checkbox"/>	<input type="checkbox"/>
2	Attachment B completed and signed by the applicant	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate (s) of completion of the yellow fever course for all individual practitioners intending to prescribe the vaccine (Attachment D)	<input type="checkbox"/>	<input type="checkbox"/>
4	Last purpose-built vaccine refrigerator service (dated within 1 year or as per manufacturer's instructions if new fridge).	<input type="checkbox"/>	<input type="checkbox"/>
5	72 hours purpose-built vaccine refrigerator data logging	<input type="checkbox"/>	<input type="checkbox"/>
6	Twice daily temperature chart	<input type="checkbox"/>	<input type="checkbox"/>
7	Copy of yellow fever consent form . Not attached as PHU staff member sighted at visit.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Attachment A: 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 applicant (accredited 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 Account Number (VAN)	
Vaccine Delivery Address (if different to the above address)	
Telephone	
Email	
Fax number	
Nominated Contact- for Administrative Requirements relating to Yellow Fever Vaccination (practice manager or other)	
Telephone	

(b) Practitioners who will administer the yellow fever vaccine:

Note: All medical practitioners/ nurse practitioners intending to administer the yellow fever vaccine must have completed the online yellow fever ACRRM course. Only accredited practitioners can prescribe the yellow fever vaccine.

1.	Name (principal): AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination learning and Accreditation Course certificate attached Completion date:
2.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination learning and Accreditation Course certificate Completion date:
3.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:
4.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination and Learning Accreditation Course certificate attached Completion date:
5.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:
6.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:
7.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:
8.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:
9.	Name: AHPRA Number:	<input type="checkbox"/> Yellow Fever Vaccination Learning and Accreditation Course certificate attached Completion date:

(c) Cold Chain Management		
<p>Does this practice have all the following vaccine management protocols in place?</p> <p><input type="checkbox"/> Vaccine management protocol (refer to ‘Strive for 5’ Guidelines)</p> <p><input type="checkbox"/> Accessible Cold Chain Breach Protocol (on fridge door or somewhere visible from front of fridge)</p> <p><input type="checkbox"/> Completion of the NSW Health Cold Chain Training Module by all staff</p> <p><input type="checkbox"/> Annual vaccine storage self-audits</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>Does this practice have a purpose-built vaccine refrigerator with a thermometer or temperature indicator?</p> <p>Brand name:</p> <p>Model:</p> <p>Litre capacity of fridge:</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>Is the purpose-built vaccine refrigerator serviced annually and continuously monitored?</p> <p>If yes, please attach:</p> <p><input type="checkbox"/> Last purpose-built vaccine refrigerator service report and</p> <p><input type="checkbox"/> 72 hours data logging</p> <p><input type="checkbox"/> Twice daily temperature chart</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>In the last 12 months, has this practice experienced any significant cold chain breaches requiring investigation, staff education and /or patient revaccination?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>If yes to any cold chain breaches, have procedures been remedied and is cold chain storage now consistent with the <i>National Vaccine Storage Guidelines, Strive for Five (current edition)</i>?</p> <p>Please detail any breaches and actions to resolve:</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>Does this practice have an easily accessible copy of <i>National Vaccine Storage Guidelines, Strive for Five (current edition)</i> to manage cold chain breaches?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N

(d) Consent		
Does this practice have formal procedures in place for obtaining valid patient consent for yellow fever vaccination? If yes, please attach copies of consent forms.	<input type="checkbox"/> Y	<input type="checkbox"/> 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, in accordance with recommendations in the Australian Immunisation Handbook?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Please provide details:		
(f) Referrals from Other Practices		
Will all practitioners approved under this application, refer patients back to their usual GP once yellow fever vaccination is complete?	<input type="checkbox"/> Y	<input type="checkbox"/> N
(g) Dealing with Adverse Reactions		
Does this practice have all the equipment, medications and procedures in place to deal with an immediate severe adverse event following immunisation, including anaphylaxis? Refer to the Australian Immunisation Handbook online for advice on ‘Preparing an Anaphylaxis Response Kit’ .	<input type="checkbox"/> Y	<input type="checkbox"/> N
(h) Travel Health Advice		
Do all practitioners listed in Section (b) have access to up-to-date travel advisory and travel health information?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Specify sources used in this practice:		
Does the practice have membership of any Travel Medicine Associations? (Recommended but not essential)	<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, please list:		

The ‘applicant’ is an accredited medical practitioner or nurse practitioner applying to have the practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.

Name of Applicant:

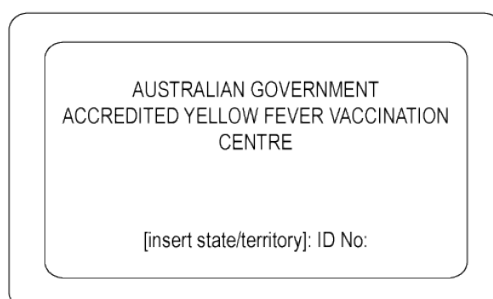
Signature:

Date:

Attachment B: Conditions Applying to an Approved Yellow Fever Vaccination Centre

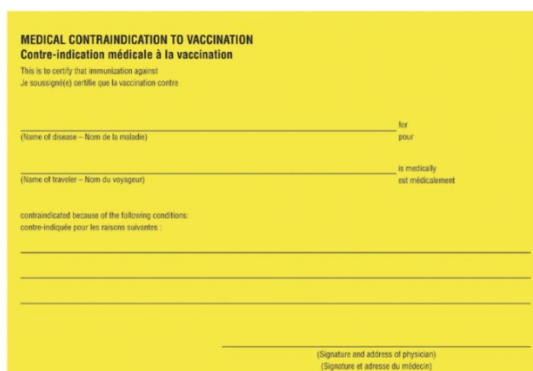
In the conditions appearing below:

- i. 'Appointment' means appointment as a Yellow Fever Vaccination Centre.
 - ii. 'Practice' means a medical practice appointed by the relevant state/territory health authority as a Yellow Fever Vaccination Centre.
 - iii. 'Applicant' means the Medical Practitioner or Nurse Practitioner applying to have the ,medical practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.
 - iv. 'Accredited practitioner' means a medical practitioner or nurse practitioner who has achieved accreditation through successful completion of the Yellow Fever Vaccination Learning Module
1. The applicant acknowledges that the NSW Government is not liable for any costs incurred by the practice as a result of provision of yellow fever vaccination.
 2. All practitioners at the practice who administer or supervise administration of the yellow fever vaccine are accredited.
 3. The practice will issue an International Certificate of Vaccination or Prophylaxis against yellow fever in line with WHO and Australian requirements.
 - i. The vaccine administered has been approved by the WHO.
 - ii. A person who has received the yellow fever vaccine must be provided with a certificate in the form specified in Annex 6 of the IHR.
 - iii. The certificate is signed by the clinician, who shall be a medical practitioner or other authorised health worker (nurse practitioner), supervising the administration of the vaccine. *
 - iv. The certificate bears the official stamp of the administering centre using the model shown below and includes the unique state/territory identification number issued by the relevant state/territory health authority and specifies the state/territory where the Yellow Fever Vaccination Centre was accredited.
 - v. The certificate is an individual certificate and not a collective one. Separate certificates must be issued for each person (including children).
 - vi. The certificate is signed by the person vaccinated. A parent or guardian shall sign the certificate when the child is unable to write. If the person vaccinated is illiterate, their



signature shall be their mark and the indication by another that this is the mark of the person vaccinated.

- vii. The certificate is printed and completed in English or French. The certificate may also be completed in another language on the same document in addition to either English or French
- viii. The certificate must be dated correctly in the sequence of day, month and year, with the month written in letters.
- ix. The certificate is valid for the duration of the life of the person vaccinated. The validity dates are to be recorded as the date 10 days after the vaccination date until 'lifetime.'
- x. An equivalent document issued by the armed forces to an active member of those Forces shall be accepted in place of an international certificate if:
 - (a) the document embodies medical information substantially the same as that required by the international certificate; and
 - (b) the document contains a statement in English or French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination.
- xi. Any exemption to vaccination will consist of a dated and signed medical exemption letter on letterhead stationery from an approved Yellow Fever Vaccination Centre. The letter should clearly state that yellow fever vaccine is contraindicated on medical grounds and display the centre's official stamp provided by the state/territory health authority. Medical exemption letters should be written for the current trip only. The Medical Contraindications to Vaccination section of the International Certificate of Vaccination or Prophylaxis also needs to be completed, stamped and signed.



MEDICAL CONTRAINDICATION TO VACCINATION
Contre-indication médicale à la vaccination
 This is to certify that immunisation against
 Je soussigné(e) certifie que la vaccination contre

(Name of disease - Nom de la maladie) _____ for
 pour

(Name of traveler - Nom du voyageur) _____ is medically
 est médicalement

contraindicated because of the following conditions
 contre-indiquée pour les raisons suivantes

(Signature and address of physician)
 (Signature et adresse du médecin)

* With respect to point 3, either the medical practitioner (or other authorised health worker), or the nurse administering the vaccine under the delegation of the prescribing practitioner, may complete and sign the International Certificate of Vaccination or Prophylaxis.

- 4. Patients referred to the practice for yellow fever vaccination will only be provided with relevant travel advice. Other non-urgent medical problems or their complications identified during the consultation will be managed only with the consent of the referring doctor or will be returned to the referring doctor for treatment.
- 5. Changes relating to the particulars of the practice (including any change of name or address), will be notified to HPNSW within 7 days using Attachment C: Change of Details Form. At the discretion of HPNSW, the appointment may be transferred to a new address without any requirement to reapply.

6. If the nominated contact for yellow fever vaccination administrative requirements leaves the practice, Attachment C: Change of Details Form must be completed and forwarded to HPNSW within 7 days.
 7. If the applicant leaves the practice, another medical practitioner or nurse practitioner who has completed the training must agree to take responsibility for the practice continuing to meet clinical standards for yellow fever vaccination by completing Attachment C: Change of Details Form and forwarding to HPNSW within 7 days.
 8. The practice will notify HPNSW if it intends to cease provision of yellow fever vaccinations or if circumstances change which will alter its capability to adhere to the requirements in this document within 7 days.
 9. The practice will notify HPNSW of all medical practitioners and nurse practitioners accredited to administer the yellow fever vaccine, and if they leave the practice, by completing Attachment C: Change of Details Form and forwarding to the relevant state/territory health authority within 7 days.
 10. The practice will participate in periodic surveys distributed by HPNSW and/or the local public health unit related to yellow fever vaccine provision.
 11. Details of the practice, such as the name of the practice, address and telephone number, will be included in lists of Yellow Fever Vaccination Centres on the NSW Health website.
 12. The practice will, from time to time, allow a person or persons authorised in writing by HPNSW and/or the local public health unit, to enter premises used by the practice for the purposes of conducting yellow fever vaccinations in order to ensure compliance with all specified conditions. The practice will provide all records relating to yellow fever vaccinations to that person or persons upon request, with an adequate timeframe given by the HPNSW and/or the local public health unit to allow for the accessing of records.
 13. A breach of any of the above conditions by the practice may, at the discretion of HPNSW result in:
 - i. a probationary period, subject to the conditions set by HPNSW or
 - ii. withdrawal of the appointment.
 14. The appointment may be immediately withdrawn in the case of a breach of patient safety, evidence-based practice or medical ethics.
 15. On being notified in writing by HPNSW that the appointment to provide yellow fever vaccinations has been withdrawn, the practice shall cease to conduct vaccinations on the date stipulated in the notification.
 16. If the medical practice, of which I am an approved representative, is appointed as a Yellow Fever Vaccination Centre, I hereby agree to the above conditions.
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Name of Applicant:

Signature:

Date:

Contact your local public health unit on 1300 066 055, who will then advise you on how to submit application for review.

1 Attachment C: Change of Details Form

This form must be completed by the applicant (principal practitioner) and sent to MOH-Vaccreports@health.nsw.gov.au within 7 days of any change of details to your Practice.

The 'applicant' is an accredited medical practitioner or nurse practitioner who applied to have the medical practice approved as a Yellow Fever Vaccination Centre and who is responsible for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.

(a) Practice details	
Name of Practice	
Vaccine Account Number (VAN)	
Address	
(b) Changes to practice details (enter new practice details below)	
Change of Practice Name <input type="checkbox"/>	
Change of Practice Address <input type="checkbox"/>	
Change of Telephone number <input type="checkbox"/>	
Change of Email <input type="checkbox"/>	
Change of Contact for Administrative Requirements relating to Yellow Fever Vaccination (practice manager or other)	New Contact Person:
Other <input type="checkbox"/>	
(c) Changes to principal practitioners	
<i>Please contact your local public health unit on 1300 066 055 to obtain Attachment B: Conditions Applying to an Approved Yellow Fever Vaccination Centre.</i>	
1	Name of old principal practitioner: AHPRA Number:
2	Name of new principal practitioner: AHPRA Number: 'Attachment B' completed and signed <input type="checkbox"/> Yellow Fever Vaccination learning and Accreditation Course certificate be attached: <input type="checkbox"/>

(d) Changes to practitioners who are prescribing the yellow fever vaccine			
	All new practitioners seeking to prescribe yellow fever vaccination MUST be accredited. Accreditation is by successful completion of the online Yellow Fever Vaccination Learning Module. Only accredited practitioners can prescribe the yellow fever vaccine.	ADD Practitioner	REMOVE Practitioner
1	Name: AHPRA Number: Date Yellow Fever Vaccination Learning and Accreditation Course completed:	<input type="checkbox"/>	<input type="checkbox"/>
2	Name: AHPRA Number: Date Yellow Fever Vaccination Learning and Accreditation Course completed:	<input type="checkbox"/>	<input type="checkbox"/>
3	Name: AHPRA Number: Date Yellow Fever Vaccination Learning and Accreditation Course completed:	<input type="checkbox"/>	<input type="checkbox"/>
4	Name: AHPRA Number: Date Yellow Fever Vaccination Learning and Accreditation Course completed:	<input type="checkbox"/>	<input type="checkbox"/>
5	Name: AHPRA Number: Date Yellow Fever Vaccination Learning and Accreditation Course completed:	<input type="checkbox"/>	<input type="checkbox"/>
Other comments:			

I, as the applicant declare that all new individual practitioners at the practice intending to prescribe yellow fever vaccination have completed the online yellow fever training course.

Name:

Signature:

Date:

Please submit completed form to MOH-Vaccreports@health.nsw.gov.au