APPENDIX 15 NOTICE OF CLINICIAN(S) LEAVING A CERTIFIED YELLOW FEVER VACCINATION CENTRE

Type of resignation (*Please tick appropriate category*)

Retired from Yellow Fever Vaccination Centre (YFVC) ☐

Has left the certified YFVC ☐

Is no longer working in the role of YF vaccine prescriber/administrator at this YFVC ☐

Name of Medical Practice

Address of Practice

Phone Number

Email address(es)

(Please complete as appropriate below)

I wish to notify you that the approved clinician(s) named below have retired from or left the YFVC named above.

Name of Clinician (Block Capitals)	**IMC/NMBI Registration No**

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Declaration

I confirm that the above-named clinician(s) are no longer practising at this certified YFVC and will no longer prescribe or administer YFV at this YFVC.

Signature of Designated Medical Practitioner for the certified YFVC

Signature:

Name (BLOCK CAPITALS):

Medical Council Registration No:

Date:

Please return completed & signed form to:

Assigned Regional HSE Service