Appendix 6

APPENDIX 6: CONFIRMATION OF COMPLETION OF YELLOW FEVER TRAINING

This declaration must be submitted alongside evidence of training completion, evidence of current IMC/NMBI registration, and medical indemnity/insurance at YFVC certification and re-certification and when seeking approval to be (and to remain) a clinician to prescribe (medical practitioner only) or administer (medical practitioner/nurse) Yellow Fever vaccine (YFV).

Please insert the Practice Stamp or, where applicable, the official Yellow Fever Vaccination Centre stamp in the box below: (*The YFVC stamp should be used where the centre is already certified.)*

Name of Practice or Yellow Fever Vaccination Centre:

Confirmation of Yellow Fever training

Name (printed) and title of person who completed training:

Signature:

Date training completed:

Declaration- Approved Clinicians Administering Yellow Fever Vaccine

To be completed by medical practitioners or nurses who will be administering Yellow Fever vaccine (YFV) in a certified Yellow Fever Vaccination Centre.

As a clinician, approved to prescribe (medical practitioner only) and administer (medical practitioner/nurse) Yellow Fever vaccine in a certified YFVC, I confirm that I have completed approved Yellow Fever training, and understand that this training must be maintained and repeated every three years.

Name (printed):

Signature:

Date:

IMC/NMBI registration number:

Declaration- Designated Medical Practitioner

To be completed only where the person completing this form is the Designated Medical Practitioner for the YFVC.

As the Designated Medical Practitioner who will have responsibility for the governance and oversight of the Yellow Fever Vaccination Centre (if approved), I confirm that I have completed approved Yellow Fever training, in accordance with this guidance.

Name (printed):

Signature:

Date:

IMC/NMBI registration number: