Appendix 7

APPENDIX 7: YELLOW FEVER VACCINATION CENTRE CERTIFICATION- ASSESSMENT FORM

(For completion on receipt of documentation)

Names/ Address of Designated Medical Practitioner Applying (*link with application form)*:

Name of Designated Medical Practitioner	**Medical Council Registration Number**

Date of Assessment:

	Yes / No
Is the medical practice under the governance and oversight of a Designated Medical Practitioner as defined in this guidance?	Y/N?
Does the medical practice conform to acceptable standards for provision of medical services?	Y/N?
Has the Designated Medical Practitioner completed approved Yellow Fever training?	Y/N?
Is their training current (within the last three years)?	Y/N?
Have all clinicians (medical practitioners or nurses) who will be administering Yellow Fever vaccine completed approved Yellow Fever training?	Y/N?
Do all clinicians have evidence of current training (within the last 3 years)?	Y/N?
Details of training:	

Will evidence of completion of approved Yellow Fever–specific training be submitted with the application (e.g., certificate of completion)?	Y/N?
Do all approved clinicians administering Yellow Fever vaccine (YFV) undertake to Maintain Yellow Fever training every three years?	Y/N?
Will evidence of additional required training for relevant clinicians be available for audit,including: • Basic Life Support (BLS) • Anaphylaxis management • Cold chain management	Y/N?
Will all YFVs administered at the YFVC be WHO approved and licensed by the Health Products Regulatory Authority (HPRA)?	Y/N?
Will all YFVs be administered only by approved clinicians (medical practitioners or nurses) with current Yellow Fever training, in accordance with this HSE guidance and the conditions of certification of the YFVC?	Y/N?
Will at least one approved medical practitioner with current Yellow Fever training be present and available on the premises while Yellow Fever vaccines are being administered and for 15 minutes after the last vaccination?	Y/N?
Are the recommended vaccine storage conditions being observed per NIAC and HSE guidelines?	Y/N?
Comments:	
Will protocols, equipment, and emergency medications be checked before each vaccination session (as per NIAC guidelines) to ensure they are present, functioning, and in date?	Y/N?
Are there appropriate facilities to deal with adverse events from vaccination, with all	Y/N?
Will adverse events be reported to the Pharmacovigilance Unit, HPRA	Y/N?
Will used vials be disposed of in sharps container?	Y/N?
Will a permanent record of all YFVs administered be kept?	Y/N?
Will patients be given a copy of their YFV record to maintain as part of their own vaccination records?	Y/N?

Will International Certificates of Vaccination or Prophylaxis be signed only by approved clinician with current Yellow Fever training, in accordance with Annexes	Y/N?
Will the Certificates be completed in accordance with Annexes 6 & 7 of the IHR (2005) 3rd edition (2016), and be stamped using an official YFVC stamp, in accordance with	Y/N?
I acknowledge that approval to prescribe or administer YFV is person-specific and YFVC-specific, and that only approved clinicians with current training may administer YFV.	Y/N?

DECLARATION OF AGREEMENT

I hereby confirm that I have read, understood, and agree with all the questions listed above. I acknowledge that my responses to these questions are accurate and complete to the best of my knowledge.

Signed:

Date:

(To be completed by the HSE representative responsible for assessment of the YFVC application.)

Has the following documentation been submitted for each clinician seeking approval to prescribe or administer Yellow Fever vaccine?

- ☐ Evidence of completion of approved Yellow Fever training
- ☐ Evidence of current IMC (medical practitioners)/NMBI (nurses) registration
- ☐ Evidence of current medical indemnity / insurance

Recommendation (HSE Use Only)

For the attention of Dr. Title

I recommend / do not recommend that this medical practice be granted certification as a Yellow Fever Vaccination Centre

Signed:

Date: