Appendix 8

APPENDIX 8:NEW CLINICIAN ASSESSMENT FORM TO JOIN CERTIFIED YELLOW FEVER VACCINATION CENTRE

Note: This assessment form is to be used when a clinician (medical practitioner or nurse) seeks approval to prescribe or administer YFV within an already certified YFVC. It also applies in the event of transfer of a previously approved clinician to a different premises.

Name/ Address of clinician (medical practitioner or nurse) applying (*link with original completed application form (**Appendix 1**)*:

Name of Clinician	**IMC (medical practitioners) or NMBI (nurses) registration number**

	Yes / No
Has the applicant clinician completed approved Yellow Fever training?	Y/N?
Is the applicant clinician's training current (within the last three years)?	Y/N?
Will evidence of completion of approved Yellow Fever–specific training be submitted with the application (e.g., certificate of completion)?	Y/N?
The applicant clinician acknowledges that: • Approval to prescribe or administer Yellow Fever vaccine (YFV) is person-specific and YFVC-specific • Yellow Fever vaccine may only be prescribed or administered within a certified YFVC	Y/N?
Does the applicant clinician (medical practitioner/nurse) undertake to keep their Yellow Fever training up to date (every three years)?	Y/N?
Details of training:	

Will evidence of additional required training undertaken by the applicant clinician be available for audit, including: • Basic Life Support (BLS) • Anaphylaxis management • Cold chain management – if applicable	Y/N?
Will all YFVs be administered only by approved clinicians (medical practitioners or nurses) with current Yellow Fever training, in accordance with HSE guidance and the conditions of YFVC Certification?	Y/N?
Will a permanent record of all YFVs administered be kept?	Y/N?
Will protocols, equipment, and emergency medications be checked before each vaccination session 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, Health Products Regulatory Authority?	Y/N?
Will used vials be disposed of in sharps container?	Y/N?
Will International Certificates of Vaccination or Prophylaxis against Yellow Fever, provided by the Centre, be signed by the applicant medical practitioner(s)?	Y/N?
Will the Certificates be completed in accordance with Annexes 6&7 of the International Health Regulations (2005) 3rd edition (2016), and be stamped using an official YFVC	Y/N?
Approval of a new clinician is contingent upon submission of the following documentation. **Please confirm that the following documents have been submitted with the application form:** • Evidence of completion of approved Yellow Fever training • Evidence of current Medical Council registration (medical practitioners) or NMBI registration (nurses) • Evidence of current medical indemnity / insurance	Y/N?

I confirm that I will only prescribe or administer Yellow Fever vaccine if I am approved by the HSE,
have current Yellow Fever training, and am working within my scope of practice in a certified

Yellow Fever Vaccination Centre.

Signature:

Date: