



Three empty rounded rectangular boxes for stamping or marking.

Attestation form

Yellow Fever Vaccination Centres

All fields indicated by an asterisk () are mandatory.

Section A – Health care site information

Name of the health care site*

Business number*

Unique Yellow Fever Vaccination
Centre # (existing sites only)

Section B – Print name and sign at the bottom of the page

By signing the Attestation form, the Nominated Health Care Practitioner confirms that the health care site meets the requirements to be designated as a Yellow Fever Vaccination Centre. Any change to the Nominated Health Care Practitioner or to the site location must be accompanied by a new Attestation form, in order to reaffirm that the requirements continue to be maintained.

I currently have a license to practice and am in good standing in the province/territory where the health care site is located and will immediately report any changes to the status of my professional license.

I am authorized to independently administer the yellow fever vaccine pursuant to provincial/territorial legislation without the direction of another health care worker (i.e. without prescription or medical directive).

I am aware of my scope of practice and of any limitations defined by my provincial/territorial professional regulatory body.

This health care site has capacity to maintain cold chain and has the proper policies and procedures in place to ensure the quality and safety of the yellow fever vaccine, according to the national and provincial guidelines and the vaccine's Canadian product monograph.

I am responsible for ensuring that all staff involved in the administration of the yellow fever vaccine at the health care site have access to and are familiar with resources and policies related to the quality and safety of procedures and materials used, including:

- 1) Risk assessment framework for clients to determine the safe and appropriate administration of yellow fever vaccine with consideration to country entry requirements;
- 2) Appropriate use of the *International Certificate of Vaccination or Prophylaxis* and documentation for medical contraindication to yellow fever vaccination; and
- 3) Treatment for anaphylaxis and reporting of adverse events.

The health care site will restrict use of its unique Yellow Fever Vaccination Centre identification number to the location that has been designated and its intended purpose.

I will inform the Public Health Agency of Canada (PHAC) in advance of any change to my status as a Nominated Health Care Practitioner and/or any administrative changes related to the health care site mentioned above, in order to ensure that the requirements continue to be met at the above mentioned health care site.

If there is no longer a need to provide the vaccine or the health care site is no longer able to fulfill the requirements outlined in the designation manual, I will inform PHAC by submitting the Voluntary termination form and returning all PHAC-issued stamps and certificates.

I, _____, attest to the above statements.
Name*

Signature*

Date*