



## Communicable Disease Control Section

# Yellow Fever Vaccination Stamp (Uniform Stamp) and Vaccination Site Agreement

The U.S. Public Health Service has designated the Illinois Department of Public Health as responsible for determining physicians in the state authorized to provide, under their orders, yellow fever vaccine, for persons who travel outside the United States. The Illinois Department of Public Health Communicable Disease Section is responsible for processing application requests, issuing uniform stamps, and updating the list of physicians approved to hold the uniform stamp at approved sites. The uniform stamp certification is needed to officially document on a patient's International Certificate of Vaccination that the travel vaccinations were given. The uniform stamp can only be used to document vaccination at the site listed on the application. The uniform stamp also allows the vaccination site to purchase the yellow fever vaccine—purchase of yellow fever vaccine is allowed only for approved uniform stamp holders. If the application is approved by the Illinois Department of Public Health, you will become a designated Yellow Fever Vaccine Provider in Illinois and the site listed will be eligible to purchase and administer yellow fever vaccine. You will be required to report the annual number of yellow fever vaccine doses administered to Illinois Department of Public Health upon request.

### How to apply:

1. Complete the Application(s) available for download below. If unable to download, call the Illinois Department of Public Health Communicable Disease Section for a copy at 217-782-2016.
2. Applications must be completed in full, and may be e-mailed, faxed or mailed to the address below. **In order to streamline and expedite the process, the preferred method is e-mail.** Any Applications with missing or incomplete information will be returned to the applicant.
3. Applicants are responsible for the purchase of the Yellow Fever Vaccine Stamp (Uniform Stamp). IDPH will place the order for the stamp. The stamp company will mail the stamp and invoice to the address(s) provided.

Note that the physician applying for the uniform stamp:

**Must include certification of completion of the Centers for Disease Control and Prevention Yellow Fever Vaccine Course. All individuals that will be screening individuals for receipt of Yellow Fever Vaccine also must successfully complete this course, and make their certificates available upon request.**

Note CDC has developed a Web-based registry of authorized yellow fever vaccination clinics.

**It is important this information remain up to date, as travelers will be using it to locate vaccine providers in their area. If you change the address of your practice, you must notify Illinois Department of Public Health immediately.**

**Illinois Department of Public Health  
Communicable Disease Control Section  
525 W. Jefferson St.  
Springfield, IL 62761**

**Tel: 217-782-2016**

**Fax: 217-524-0962**

**E-Mail: [dph.YFVapplication@illinois.gov](mailto:dph.YFVapplication@illinois.gov)**

YELLOW FEVER VACCINATION VALIDATION STAMP (Uniform Stamp) AND VACCINATION SITE AGREEMENT

Physician applicant \_\_\_\_\_

Illinois Medical License Number \_\_\_\_\_

*Note: License must be in good standing with the Illinois Department of Financial and Professional Regulation.*

DEA Number \_\_\_\_\_

Agency (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Physician's board certification(s) \_\_\_\_\_

Alternative contact person and E-mail \_\_\_\_\_

Site where vaccine will be administered  
*(Note: The uniform stamp is not transferrable to other sites and only one site should be listed.)*

Does your facility have a website?  Yes  No

If so, please provide the address \_\_\_\_\_

Facility name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Type of facility \_\_\_\_\_ If Other, Specify \_\_\_\_\_

Does a physician practice at this facility?

Is the vaccination site located within another facility (e.g., a pharmacy within a retail store)?

If yes, describe \_\_\_\_\_

Will vaccine be administered under standing order?

Days of the week yellow fever vaccine will be available \_\_\_\_\_

Clinic Hours:  to

Open to the public?  Days of the week yellow fever vaccine will be available \_\_\_\_\_

Estimated number of yellow fever vaccinations to be administered per year \_\_\_\_\_

*Note: Illinois Department of Public Health may require that 20 or more doses of yellow fever vaccine must be administered annually to retain designation as an authorized yellow fever vaccine provider, unless the vaccine is provided in an under served area.*

YELLOW FEVER VACCINATION VALIDATION STAMP (UNIFORM STAMP) and VACCINATION SITE AGREEMENT

I hereby apply to the Illinois Department of Public Health (IDPH) to be designated as a physician responsible for the Yellow Fever Vaccination Validation Stamp at the site listed on the application and agree to/affirm the following (check each box):

<input type="checkbox"/>	The site listed on this application has adequate facilities, equipment, and professionally trained personnel for the handling, storage, temperature monitoring and administration of potent and pure yellow fever vaccine (YFV) and for the emergency management of anaphylactic reactions to YFV.
<input type="checkbox"/>	<b>For YFV to be administered at this site to a pregnant woman, a woman who is breast feeding, an individual 60 years of age or older, or an individual with asymptomatic HIV infection or other immunocompromising condition, a patient-specific order for YFV by a physician, who has evaluated the risks and benefits of vaccination for the individual against the individual's destination-specific risk for exposure to yellow fever, will be required.</b>
<input type="checkbox"/>	The uniform stamp will only be used by the site named in the application and under my authority, and vaccine will not be distributed or loaned to other sites for administration using this uniform stamp.
<input type="checkbox"/>	IDPH will be notified immediately if the site covered by this agreement closes, if I am no longer affiliated with this site or if YFV is no longer being provided at the site covered by this agreement. If the site closes, or is no longer providing YFV or I am no longer affiliated with the site listed, I will ensure that the uniform stamp is mailed back to IDPH.
<input type="checkbox"/>	Each order for YFV will be from a physician at this site who is licensed to practice medicine in Illinois. Arrangements are in place to ensure a physician/physician practice with appropriate training and experience who is located in close proximity to the site listed will be available seven days a week for urgent consultation and ordering necessary tests for evaluation of possible adverse reactions to YFV, including neurotropic and viscerotropic disease. Contact number(s) to call in order to reach the physician/physician practice that will provide evaluation of possible adverse reactions to YFV will be provided to all recipients of YFV at the site listed on this application.
<input type="checkbox"/>	Use of the International Certificate of Vaccination and Prophylaxis (ICVP) and administration at this facility of the YFV will be in accordance with state of Illinois statutes and regulations, and the requirements, and recommendations of the U. S. Public Health Service and the Centers for Disease Control and Prevention (CDC), including CDC recommendations pertaining to YFV contraindications and co-administration of live vaccines.
<input type="checkbox"/>	Individuals authenticating ICVPs and medical waivers at this site will be fully knowledgeable concerning the procedures necessary because ICVPs and medical waivers must be complete in every detail, if incomplete or inaccurate, certificates are not valid, and may cause a traveler to be quarantined, denied entry or possibly revaccinated at the point of entry to a country.
<input type="checkbox"/>	If a medical waiver is granted, the traveler will be provided with a signed and dated exemption letter on letterhead stationery, clearly stating the contraindications to vaccination and bearing the uniform stamp. In addition, the traveler will be informed of increased risk of yellow fever infection associated with not being vaccinated and how to minimize this risk by using mosquito protection measures, and consideration of altering the planned travel itinerary. In addition, the traveler will be informed of measures that may increase the likelihood the medical waiver will be accepted.
<input type="checkbox"/>	The site listed will provide YFV to persons who are not in the clinic's primary patient population. (Note: IDPH does not expect facilities to provide this service at no cost. It is left to the discretion of the site to determine the cost and payment arrangements.)
<input type="checkbox"/>	I understand the uniform stamp, which remains the property of IDPH, is assigned to my responsibility. It will not be loaned to anyone, and will be properly safeguarded. Access to the uniform stamp will be limited to myself and others designated in this site's written policy. If the stamp is lost or stolen, IDPH will be notified immediately at 217-782-2016
<input type="checkbox"/>	Reports of serious adverse events will be made promptly to the Vaccine Adverse Events Reporting System (VAERS). For information about VAERS, call 800-822-7967 or visit its website at <a href="https://vaers.hhs.gov/esub/step1">https://vaers.hhs.gov/esub/step1</a> . (Serious adverse events are those that require a health care visit within 30 days of the vaccination or suspected neurotropic or viscerotropic disease due to YFV.)
<input type="checkbox"/>	Individuals at the site listed that evaluate individuals for receipt of YFV and physicians ordering YFV will successfully complete the CDC YFV Course and the certificates of completion will be made available to IDPH upon request.
<input type="checkbox"/>	An up-to-date Yellow Fever Vaccine Information Statement will be provided to vaccine recipients.
<input type="checkbox"/>	Certificates documenting successful completion of the CDC YFV course are attached for the physician signing this agreement.
<input type="checkbox"/>	I have attached a narrative description of my experience in providing travel immunizations, including YFV and the reason(s) for applying to be a provider of YFV (Required).
<input type="checkbox"/>	I understand IDPH may terminate this agreement, after providing notice. IDPH also may terminate this agreement based on failure to comply with its terms, or if less than 20 doses of YFV are administered annually, unless the vaccine is provided in an area designated as underserved by IDPH.
<input type="checkbox"/>	Up-to-date access to a list of countries and areas of the countries in which yellow fever is endemic and where YFV is required and recommended will be maintained and kept current at the site listed on the application.

YELLOW FEVER VACCINATION VALIDATION STAMP (UNIFORM STAMP) and VACCINATION SITE AGREEMENT

I understand if requested, I am required to complete a questionnaire and/or re-application in order to establish continued need for the YFV uniform stamp, and in this event, will be required to report the annual number of YFV doses administered at this site. I understand IDPH may request documentation from, or visit, YFV sites for the purposes of assessment and audit, and in order to review compliance with this agreement.

If **Billing Address** is different than **Facility Address** please provide billing information below.

Billing Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

The signature below acknowledges agreement with the above conditions:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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IDPH USE ONLY

Approved

Not Approved

Signed \_\_\_\_\_ Date \_\_\_\_\_

## RESOURCES

1. A list of countries and areas of countries in which yellow fever is endemic shall be maintained and kept current at each center. This information is included in "Health Information for International Travel" and updated on the CDC website, at [www.cdc.gov/travel/](http://www.cdc.gov/travel/). "Health Information for International Travel" is available on the CDC website at or from Elsevier Publishing, 1-800- 545-2522. Ask for ISBN #0323048854, or visit the companies website at: <http://www.us.elsevierhealth.com>.
2. For more information on VAERS, call 800-822-7967, or visit their website at <http://www.vaers.hhs.gov/>.
3. ACIP General Recommendations on Vaccination and Recommendations on Yellow Fever vaccination are available at [www.cdc.gov/vaccines/pubs/ACIP-list/htm](http://www.cdc.gov/vaccines/pubs/ACIP-list/htm).
4. CDC's Yellow Fever Vaccine Course is available at [www.cdc.gov/travel-training](http://www.cdc.gov/travel-training).
5. The International Certificate of Vaccination is available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402, 865-512-1800, Stock # 017-001-00567-3 (per 25); Stock # 017-001-00566-5 (per 100) or visit its website at: <http://bookstore.gpo.gov/>.
6. [Relevant MMWR Publications](#)  
Includes International Certificate of Vaccination or Prophylaxis and a waiver letter from a physician
7. [Yellow Fever Vaccine Information Statement](#) (Immunization Action Coalition site)
8. [U.S. Government Online Bookstore](#)  
Health Information for International Travel and the International Certificate of Vaccination can both be ordered here.
9. [Quarantine](#)  
CDC's Division of Global Migration and Quarantine (DGMQ) site.