

ACIP RECOMMENDATIONS & VACCINE STORAGE ACKNOWLEDGE FORM

ACIP RECOMMENDATIONS STATEMENT

I acknowledge that I have read and understand the recommendations outlined by the CDC's Advisory Committee on Immunization Practices (ACIP) regarding the administering of yellow fever vaccine.	Initials
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YELLOW FEVER VACCINE STORAGE STATEMENT

I acknowledge that I have read and understand the requirements outlined by the California Department of Public Health, Immunization Branch for proper storage of yellow fever vaccine and will be compliant with the recommendations. I understand that I must maintain vaccination and temperature logs, and may be subject to an audit without notice and asked to provide these logs for review. Failure to provide this documentation upon request may result in the cancellation of my stamp and ability to order vaccine.	Initials
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VACCINE INFORMATION SHEET (VIS) STATEMENT

I acknowledge that I understand that the VIS on yellow fever must be given to a patient prior to administering the yellow fever vaccine.	Initials
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VACCINE ADMINISTRATION STATEMENT

I understand that yellow fever vaccine is administered subcutaneously (SC).	Initials
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Print Name

Date

Signature