



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Procedures for Yellow Fever Vaccination Centres in Canada

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

— Public Health Agency of Canada

Procedures for Yellow Fever Vaccination Centres in Canada

is available on the Internet at the following address:

<http://www.phac-aspc.gc.ca/tmp-pmv/yf-fj/designation/index-eng.php>

Également disponible en français sous le titre :

Procédures pour les Centres de vaccination contre la fièvre jaune au Canada

This publication can be made available in alternative formats upon request.

© Her Majesty the Queen in Right of Canada, 2011

Online Cat.: HP40-62/2011E-PDF

ISBN: 978-1-100-19525-4

Table of Contents

Section 1: Introduction	1
Section 2: What are the International Health Regulations (IHR)?.....	1
Section 3: What is Canada’s Role in the Implementation of the IHR?.....	2
Section 4: What is a designated Yellow Fever Vaccination Centre?	2
Section 5: What are the Requirements to be a Yellow Fever Vaccination Centre?	3
Section 5A: Requirements to Maintain the Quality and Safety of Procedures and Materials.....	3
I) The site must have the capacity to maintain the cold chain of the yellow fever vaccine.	3
II) The site should have resources and policies in place to ensure the quality and safety of the procedures and materials used.	3
III) The site should ensure the appropriate use and completion of the <i>International Certificate of Vaccination or Prophylaxis</i> and documentation for medical contraindication to yellow fever vaccination.	4
IV) The site must restrict use of the unique YFVC identification number to its specific location and intended purpose.	5
V) The site must have a nominated health care practitioner, who is responsible for ensuring that the requirements of the Yellow Fever Vaccination Centre are upheld.	5
Section 5B: Administrative Requirements for Yellow Fever Vaccination Centres.....	6
I) The site must submit the proper documentation to become a designated Yellow Fever Vaccination Centre.	7
II) The site must renew its designation status once every two years.	7
III) The site must notify PHAC of any changes to the health care site, including changes to its address.	7
IV) The site must terminate its designation if the requirements of a Yellow Fever Vaccination Centre can no longer be fulfilled and must return all PHAC-issued stamps and certificates..	8
Section 6: Who Do We Contact?.....	9
Section 7: How Do We Order Additional Supplies from PHAC for the Yellow Fever Vaccination Centre?	10
Annex 1: Recommendations for Completing the <i>International Certificate of Vaccination or Prophylaxis</i>	11
Annex 2: Recommendations for Completing the <i>Certificate of Medical Contraindication to Vaccination</i>	15
Annex 3: Recommended Resources for Yellow Fever Vaccination Centres.....	19
Annex 4: Forms Centre – Yellow Fever Vaccination Centres in Canada	21
References	33

Section 1: Introduction

This procedures manual is targeted to health care providers in Canada who wish to have their health care sites designated as Yellow Fever Vaccination Centres (YFVCs) and to those who already work at designated sites.

The Public Health Agency of Canada manages the designation of Yellow Fever Vaccination Centres on behalf of Canada, to comply with Canada's obligations under the [International Health Regulations](#) (IHR).[1]

Readers will gain an understanding of the IHR and Canada's role in its implementation, as it relates to yellow fever. They will find detailed information on designated YFVCs – their purpose, the requirements that YFVCs are expected to meet, and the procedures that YFVCs must follow to maintain their designation.

All staff involved in the administration of yellow fever at a YFVC should familiarize themselves with this manual and the procedures related to the designation.

Section 2: What are the International Health Regulations (IHR)?

The [International Health Regulations](#) (IHR) were revised in 2005 and adopted by Member States of the World Health Organization, a specialized agency of the United Nations that focuses on international health. The IHR (2005) address existing and potential public health risks including infectious disease outbreaks; outbreaks of food-borne diseases; natural disasters; and biological, chemical or radiological-nuclear events.

*The purpose and scope of these Regulations are to **prevent, protect against, control and provide a public health response to the international spread of disease** in ways that are commensurate with and **restricted to public health risks**, and which avoid unnecessary interference with international traffic and trade.*[2]

IHR (2005) Article 2

The IHR identify specific measures in relation to the prevention, protection and control of the international spread of disease to address public health risk. One of these measures is the requirement concerning vaccination or prophylaxis for specific diseases. Currently, yellow fever is the only disease specifically designated under the IHR for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party.

Section 3: What is Canada's Role in the Implementation of the IHR?

As part of the international community, Canada has a role to play in protecting public health. Canada is a member of the WHO and a State Party to the IHR. The Public Health Agency of Canada, on behalf of the Government of Canada is the national focal point for Canada's communications with the WHO in the event of a disease outbreak or public health emergency of international concern. PHAC plays a key role in Canada's compliance with the IHR, coordinating federal, provincial and territorial efforts to identify and reduce public health risks and threats, and supporting national readiness to respond to public health emergencies. PHAC also manages a key IHR requirement related to yellow fever.

States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.[3]

[IHR \(2005\) Annex 7, paragraph 2\(f\)](#)

Pursuant to this requirement, PHAC, on behalf of the Government of Canada, manages the designation of Yellow Fever Vaccination Centres in Canada. Successful compliance with the IHR, as it relates to yellow fever, cannot be achieved without the collaboration of all jurisdictions and the health care providers who apply these requirements.

Section 4: What is a designated Yellow Fever Vaccination Centre?

A Yellow Fever Vaccination Centre (YFVC) is a health care site:

1. Where the public can receive the yellow fever vaccine.

Presently, the only yellow fever vaccine approved for distribution in Canada is manufactured and provided to designated yellow fever vaccination centres by Sanofi Pasteur.

2. That provides the public with the required IHR documentation to be presented at a country border, if vaccination against yellow fever is a country entry requirement.

The PHAC provides Yellow Fever Vaccination Centres with supplies and guidelines to complete the appropriate documentation when yellow fever vaccination is a country entry requirement.

3. That ensures the quality and safety in the procedures and materials employed.

In Canada, the delivery and quality assurance of health care services is legislated by the provincial/territorial governments. The PHAC supports provinces and territories through the coordination and dissemination of information and production of guidelines for health care providers.

Section 5: What are the Requirements to be a Yellow Fever Vaccination Centre?

PHAC has developed requirements in order to comply with the IHR obligations related to yellow fever. Yellow Fever Vaccination Centres (YFVC) must uphold these requirements at all times. Any lapse in the requirements would compromise the commitment of the health care site to maintain standards of quality and safety for yellow fever vaccination and its documentation and as a result, their designation as a Yellow Fever Vaccination Centre.

In order to maintain their designation, YFVCs are required to also follow administrative procedures as outlined below in Section 5B. This will assist PHAC in managing the designation of YFVC, as well as providing accurate information to the public.

Section 5A: Requirements to Maintain the Quality and Safety of Procedures and Materials

The site must:

- I) Have the capacity to maintain the cold chain of the yellow fever vaccine;
- II) Have resources and policies in place to ensure the quality and safety of the procedures and materials used;
- III) Ensure the appropriate use and completion of the *International Certificate of Vaccination or Prophylaxis* and documentation for medical contraindication to yellow fever vaccination;
- IV) Restrict the use of the unique YFVC identification number to its location and intended purpose;
- V) Have a nominated health care practitioner, who is responsible for ensuring that the requirements of the YFVC are upheld.

I) The site must have the capacity to maintain the cold chain of the yellow fever vaccine.

The cold chain is imperative to preserve the quality of the yellow fever vaccine. In order to meet the requirement of the quality and safety of materials used [3], the health care site must have the equipment and procedures for proper storage and handling of the yellow fever vaccine, using national and provincial guidelines as well as the vaccine's Canadian product monograph for reference.

II) The site should have resources and policies in place to ensure the quality and safety of the procedures and materials used.

In order for health care sites to ensure the safe and appropriate use of the yellow fever vaccine and its documentation, it is recommended that the health care site have appropriate up-to-date resources and policies in place for staff who will be administering the vaccine.

All staff involved in the administration of yellow fever at the health care site should have access to and familiarize themselves with these resources to maintain quality and safety of procedures and materials.

PHAC recommends the following up-to-date resources be available at all times:

- WHO's most recent information on country entry requirements;
- PHAC's Travel Health Notices and guidelines for travellers and yellow fever;
- Vaccine storage and handling guidelines;
- PHAC's guidelines to complete the required IHR documentation for yellow fever vaccination;
- Provincial health notices and guidelines, if available;
- Canadian product monograph for the yellow fever vaccine;
- Pre-travel risk assessment framework for clients with consideration to the IHR country entry requirements.

If more than one health care provider administers the yellow fever vaccine at the same health care site, the following are also recommended:

- Procedures, and where applicable medical directives for the administration of the yellow fever vaccine, risk assessment, and treatment of anaphylaxis;
- Procedures on cold chain, documentation and reporting of adverse events.

A detailed list of resources for Yellow Fever Vaccination Centres is available in the Annex 3.

III) The site should ensure the appropriate use and completion of the *International Certificate of Vaccination or Prophylaxis* and documentation for medical contraindication to yellow fever vaccination.

In order to meet country entry requirements, properly completed documentation of yellow fever vaccination or contraindication must be provided to travellers. Failure to provide such documentation may result in the traveller being quarantined; put under medical surveillance; denied entry into the country; or receiving an unnecessary vaccination at point of entry and potentially putting the health of the traveller at risk.

International Certificate of Vaccination or Prophylaxis

The *International Certificate of Vaccination or Prophylaxis* (ICVP) is the official documentation that must be provided to individuals who have received vaccinations listed under the IHR.[4] The intended purpose of the ICVP is to record vaccinations or prophylaxis specifically designated in the IHR. As such, the ICVP is presently only used to record yellow fever vaccination, as yellow fever is the only disease designated under the IHR for which vaccination may be required as a condition of entry to a country.

Documentation for Medical Contraindication

If a traveller is going to a country where yellow fever vaccination is an entry requirement but vaccination is contraindicated on medical grounds, the IHR state that the traveller may still be allowed entry if he/she is in possession of documentation, written in English or French, outlining the medical reason for not receiving the vaccination.[4] The IHR require that the health care provider informs the traveller of any risks associated with non-vaccination and the appropriate use of personal protective measures should there be a risk of yellow fever transmission at the destination.

In Canada, health care providers may document the reason(s) either on official letterhead from the health care site or on the *Certificate of Medical Contraindication to Vaccination*, which is provided to all designated YFVC by the Public Health Agency of Canada.

PHAC provides guidelines for the appropriate completion of both the *International Certificate of Vaccination or Prophylaxis* and the *Certificate of Medical Contraindication to Vaccination*.

IV) The site must restrict use of the unique YFVC identification number to its specific location and intended purpose.

A unique identification number will be assigned to each YFVC in order to distinguish health care sites that have been designated by PHAC.

Use of the identification number and associated stamps is restricted to the specific site that has been designated and cannot be shared between locations. If a health care site has multiple locations, each one must be designated separately and must receive its own identification number.

Each YFVC will receive two (2) stamps with a unique identification number. These stamps should be used solely on official documentation for yellow fever vaccination as the official stamp of the administering centre.

The stamps are the property of the Public Health Agency of Canada and are subject to recall at the discretion of the Agency.

The stamps will have the following format:

YFVC / CVFJ # XX*-1000 CANADA
--

* The identification number will display the province where the site is located, followed by a unique 4-digit number.

To facilitate communication and expedite services provided, we encourage YFVC to include their identification number in all correspondence with PHAC.

V) The site must have a nominated health care practitioner, who is responsible for ensuring that the requirements of the Yellow Fever Vaccination Centre are upheld.

Each Yellow Fever Vaccination Centre must have a nominated health care practitioner (NHCP). This person is responsible for ensuring that the requirements related to a designated YFVC are met and maintained at a specific health care site. All staff involved in the administration of yellow fever vaccination at a designated site must be aware of the health care practitioner who is nominated for that site.

The nominated health care practitioner must be:

- Licensed to practice in the province/territory where the health care site is located;
- In good standing with their provincial/territorial professional regulatory body;
- Authorized under provincial/territorial legislation to administer the yellow fever vaccine without the direction of another health care provider (i.e. prescription or medical directive).

The NHCP must notify PHAC immediately of any change to the status of their professional license, as this may impact the designation of the YFVC.

The professional groups that are authorized to administer the yellow fever vaccine independently without prescription or medical directive vary by province/territory. Health care providers who can only administer the yellow fever vaccine with a prescription or medical directive **cannot be the nominated health care practitioner** at a YFVC **but** may still administer the yellow vaccine if it is within their scope of practice and they are authorized to do so by their professional licensing body. For more information on your authorization, please contact your provincial/territorial professional licensing body.

While a NHCP is required in order to designate a Yellow Fever Vaccination Centre, the designation is applied to the health care site, and not this individual. Therefore, if the NHCP leaves a designated YFVC, the site must nominate a new health care practitioner. If a nominated health care practitioner is no longer available to ensure the continuity of quality and safety of procedures and materials at a designated YFVC, PHAC will be required to terminate the designation of the site.

Section 5B: Administrative Requirements for Yellow Fever Vaccination Centres

Health care sites are required to follow certain administrative procedures in order to obtain their designation and maintain their status as a Yellow Fever Vaccination Centre. All staff involved in the administration of the yellow fever vaccine at a YFVC should be familiar with these procedures and submit the appropriate documentation to notify PHAC of any changes to the site, as outlined in this section. PHAC will not process any requests from designated YFVC that are not accompanied by the appropriate forms.

The site must:

- I) Submit the appropriate documentation to become a designated Yellow Fever Vaccination Centre;
- II) Renew its designation status once every two years;
- III) Notify PHAC of any changes to the health care site, including changes to its address;
- IV) Terminate its designation if the requirements of a Yellow Fever Vaccination Centre can no longer be fulfilled and return all PHAC-issued stamps and certificates.

I) The site must submit the appropriate documentation to become a designated Yellow Fever Vaccination Centre.

If a health care site can meet and uphold the requirements listed in Section 5A, the site may apply to become a designated YFVC by submitting the following documentation to PHAC:

1. Application form;
2. Attestation form, signed by the nominated health care practitioner (NHCP);
3. Copy of the NHCP's current license to practice from their provincial/territorial regulatory body, to validate their authorization to be the NHCP for the health care site.

Designating Multiple Health Care Sites

Health care sites are **designated individually**. If a health care practitioner has multiple locations, an application for designation must be submitted for each one separately. Each site will receive a unique YFVC identification number and accompanying stamps upon designation.

Upon receipt of the appropriate documentation, the request will be reviewed and processed, and PHAC will take the following steps:

1. **Send a confirmation package to the newly designated YFVC** that includes:
 - Official documentation confirming the designation;
 - Two (2) official stamps with the unique identification number assigned to the YFVC;
 - A supply of the *International Certificate of Vaccination or Prophylaxis*;
 - A supply of the *Certificate of Medical Contraindication to Vaccination*.
2. **Notify Sanofi Pasteur that the health care site has been designated.**
 - The only yellow fever vaccine approved for distribution in Canada is manufactured by Sanofi Pasteur.
 - Health care sites must contact Sanofi Pasteur directly to order the yellow fever vaccine.
3. **Post the health care site's information to the PHAC website list of designated YFVCs.**

II) The site must renew its designation status once every two years.

The purpose of the renewal is for PHAC to confirm that the information related to the designated YFVC is accurate and that the health care site continues to meet the requirements.

PHAC will contact the YFVC to notify them when it is time to renew their designation. YFVCs will be asked to review the current information that PHAC has on file and return signed copies of the renewal forms.

III) The site must notify PHAC of any changes to the health care site, including changes to its address.

In order for PHAC to provide accurate information to Canadians, and for designated health care sites to ensure that they are maintaining the requirements of a Yellow Fever Vaccination Centre, designated sites are required to notify PHAC of any changes to their health care site as listed below.

The YFVC must ensure that the changes do not affect its ability to uphold the requirements, which include keeping up-to-date resources (reference materials and policies) and maintaining the cold chain of the yellow fever vaccine at all times. Any lapse in the requirements would compromise the site's commitment to ensuring quality and safety of the yellow fever vaccine and their designation as a Yellow Fever Vaccination Centre

Changes to the Site's Contact Information

To notify PHAC of changes to the site's name, phone or fax numbers, email address and/or website address, submit the *Notification of Change* form, with the relevant section completed.

Change to the Site's Address*

To notify PHAC of a change to the site's address, submit the following forms:

- *Notification of Change* form, with the relevant section completed;
- *Attestation* form, signed by the nominated health care practitioner.

Change to the Nominated Health Care Practitioner*

There must always be a nominated health care practitioner (NHCP) assigned to a designated YFVC. If the current NHCP is no longer available to ensure the requirements of the YFVC are met, a new health care practitioner must be nominated in order for the site to maintain its designation.

To notify PHAC of a change to the NHCP, submit the following documentation:

- *Notification of Change* form, with the relevant section completed;
- *Attestation* form, signed by the new NHCP;
- Copy of the new NHCP's license to practice.

* Some exceptions may apply. If PHAC deems that the changes to the YFVC require the site to submit a new application, additional instructions will be provided.

IV) The site must terminate its designation if the requirements of a Yellow Fever Vaccination Centre can no longer be fulfilled and must return all PHAC-issued stamps and certificates.

If at any time a Yellow Fever Vaccination Centre is no longer able to fulfill the requirements of a designated site, the designation will be terminated. If a YFVC no longer wishes to be designated, it must notify PHAC and return the following:

- Termination of Designation form;
- All PHAC-issued stamps with the unique identification number of the YFVC;
- All unused copies of the *International Certificate of Vaccination or Prophylaxis* and *Certificate of Medical Contraindication to Vaccination*.

Similarly, if PHAC finds that the requirements to maintain designation are not being fulfilled at a YFVC, PHAC will notify the site in writing that their designation is being terminated and the YFVC will be asked to return the PHAC-issued materials related to the designation.

Once the YFVC designation of the health care site has been terminated, PHAC will take the following steps:

- Remove the listing of the health care site from the list of designated sites on PHAC's website;
- Inform Sanofi Pasteur of the termination;
- Stop issuing supplies to the health care site, including the *International Certificate of Vaccination or Prophylaxis* and *Certificate of Medical Contraindication to Vaccination*.

Section 6: Who Do We Contact?

The Travel Health Division at the Public Health Agency of Canada is responsible for managing the designation of Yellow Fever Vaccination Centres (YFVC).

For all inquiries and to submit documents, please contact the Travel Health Division directly:

Email: yfinfofj@phac-aspc.gc.ca

Telephone: 613-957-8739

Fax: 613-952-8286

Any updates to the forms and information related to Yellow Fever Vaccination Centres will be posted online at www.travelhealth.gc.ca.

For YFVC termination, please return supplies to:

Travel Health Division
Public Health Agency of Canada
380 Hunt Club Road, AL 5902 A
Ottawa, ON K1A 0K9

Please note that PHAC does not distribute the yellow fever vaccine. Please contact Sanofi Pasteur directly to order the vaccine.

Sanofi Pasteur (Canada) Ltd.
Customer Service & Vaccine Information Services
1755 Steeles Avenue West
Toronto, ON M2R 3T4

Telephone: 1-800-268-4171

Fax: 1-877-311-9741

Email: Customer.ServiceCA@sanofipasteur.com

Section 7: How Do We Order Additional Supplies from PHAC for the Yellow Fever Vaccination Centre?

Designated YFVC may order additional certificates to replenish their stock by submitting an order form. PHAC provides an initial supply of the *International Certificate of Vaccination or Prophylaxis* and the *Certificate of Medical Contraindication to Vaccination* to each YFVC in their designation package.

YFVC are responsible for monitoring their inventory of certificates and ordering supplies before their stock is depleted. PHAC sends orders by Canada Post regular mail service and cannot expedite shipments for urgent requests. Please allow a minimum of 2 weeks for delivery of certificates.

Designated YFVC may also choose to order copies of the *International Certificate of Vaccination or Prophylaxis* directly from the [World Health Organization](#).

Note regarding stamps:

The stamps provided to YFVC are custom ordered with their unique identification number. A maximum of two (2) stamps are provided to each YFVC. If a stamp is defective or is broken, please contact PHAC. You will be required to return the defective stamp in order to receive a replacement. Please allow a minimum of 3 weeks for the replacement stamp to be delivered.

Annex 1: Recommendations for Completing the *International Certificate of Vaccination or Prophylaxis*

The *International Certificate of Vaccination or Prophylaxis* (ICVP) is the official documentation used as proof of vaccination against yellow fever when a country entry requirement exists.[4] PHAC recommends issuing an ICVP to anyone receiving the yellow fever vaccine even if it is not administered to meet a country entry requirement.

PHAC has developed the following guidelines for completing the ICVP. Please refer to the example of a completed copy of the ICVP. The numbered recommendations below correspond to the numbers on the example document.

(1) Issued to

Print the name of the vaccinated traveller.

(2) This is to certify that [name]

Print the name of the vaccinated traveller. All travellers, including children, must travel with their own individual certificate.

(3) Date of birth

Print the date of birth. The date format is day, month, year, with the month printed (e.g., 01 January 1975).

(4) Sex

Print the sex of the vaccinated traveller. This should be recorded with the appropriate letter “M” or “F”.

(5) Nationality

Print the nationality of the vaccinated traveller (e.g., “Canadian”). This should be the same as the nationality on the national identification document (e.g., passport) used by the traveller. If the traveller has more than one nationality, advise the traveller that completion of this line should be consistent with the national identification document with which he or she is travelling to avoid potential problems at border crossings.

(6) National identification document, if applicable

Enter the type of the traveller’s national identification document (e.g., “Passport”). If there is any possibility that the traveller may travel with different types of national identification documents, completion of this line should reflect what has been previously entered on the nationality line. It is not advisable to enter the national identification document number, because this may expire prior to the end of the validity period of the certificate. This may lead to problems for the traveller at border crossings, as border officials may question why the traveller’s current identification document number does not match the one listed on the certificate.

(7) Whose signature follows

Instruct the vaccinated traveller to sign the certificate. A parent or guardian should sign the certificate if the child is unable to write. An illiterate person should sign the certificate with his/her usual mark in the presence of the health care provider who should initial beside the mark

(8) Has on the date indicated been vaccinated or received prophylaxis against: (name of the disease or condition)

Print "Yellow fever". Yellow fever vaccination is the only disease specifically designated under the IHR for which vaccination may be required as a condition of entry to a country. Although countries may have additional country entry requirements for vaccinations, PHAC does not recommend using the ICVP if the vaccination is not designated under the IHR.

(9) Vaccine or Prophylaxis

Print the name of the vaccine that the traveller has received.

(10) Date

Print the date on which the traveller received the yellow fever vaccine. The date format is day, month, year, with the month printed. (e.g. 01 January 2011)

(11) Signature and professional status of supervising clinician

Sign the certificate and indicate your professional status. The signature should be that of the health care provider administering the yellow fever vaccine.

(12) Manufacturer and batch no. of vaccine or prophylaxis

Print the name of the pharmaceutical company and the batch number of the vaccine. Currently, Sanofi Pasteur is the only distributor of yellow fever vaccine in Canada.

(13) Certificate valid from: until:

Print the dates of the validity period of the certificate. The certificate is valid starting 10 days after the date of vaccination, or immediately after revaccination if the vaccine was given within 10 years of a previous yellow fever vaccination. The certificate expires 10 years from the start date of validity. The date format is day, month, year, with the month printed for both start and end date.

(14) Official stamp of administering centre

Stamp the certificate with the unique identification stamp of the designated Yellow Fever Vaccination Centre.


Example of a Completed Copy of the International Certificate of Vaccination or Prophylaxis

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

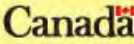
The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

 **Government of Canada** / **Gouvernement du Canada**

International Certificate of Vaccination or Prophylaxis
International Health Regulations (2005)

Certificat international de vaccination ou de prophylaxie
Règlement sanitaire international (2005)

Issued to | Délivré à
Josephine Doe ^①



INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] **Josephine Doe** ^②

date of birth **12 March 1970** ^③ sex **F** ^④

nationality **Canadian** ^⑤

national identification document, if applicable: **Passport** ^⑥

whose signature follows **Josephine Doe** ^⑦

has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition)
Yellow fever ^⑧

in accordance with the International Health Regulations.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]

né(e) le _____ de sexe _____

et de nationalité _____

document d'identification national, le cas échéant _____

dont la signature suit _____

a été vaccinée(e) ou a reçu des agents prophylactiques à la date indiquée contre: (nom de la maladie ou de l'affection)

conformément au Règlement sanitaire international.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: until:	Official stamp of the administering centre
Vaccin ou agent prophylactique	Date	Signature et titre du clinicien responsable	Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificat valable à partir du : jusqu'au :	Cachet officiel du centre habilité
Yellow fever ^⑨	15 August 2007 ^⑩	<i>John Smith R.N.</i> ^⑪	Sanofi Pasteur Lot# C035AA ^⑫	25 August 2007 24 August 2017 ^⑬	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> YFVJ / CVFJ # XX-1000 CANADA </div> ^⑭

Annex 2: Recommendations for Completing the Certificate of Medical Contraindication to Vaccination

The [International Health Regulations](#) state that if a traveller is going to a country where yellow fever vaccination is an entry requirement but the health care provider is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the health care provider will provide the person with reasons, written in English or French, or where appropriate another language in addition to English or French, underlying that opinion.[4] Pursuant to the IHR, the competent authorities on arrival should take this information into account.

The IHR do not provide any further guidance on how this information should be documented. In an effort to assist health care providers, the Public Health Agency of Canada is providing designated Yellow Fever Vaccination Centres with a tool to document medical contraindications to the yellow fever vaccine. Health care providers may choose to use the *Certificate of Medical Contraindication to Vaccination* or the health care site's letterhead to outline their medical opinion.

The health care providers should inform travellers of any risks associated with non-vaccination and the appropriate use of personal protective measures against disease vectors.[4,5] Other risks associated with non-vaccination may include the traveller being quarantined, being put under medical surveillance or offered vaccination at point of entry.

Please refer to the example of a completed copy of the *Certificate of Medical Contraindication to Vaccination*. The numbered recommendations below correspond to the numbers on the example document.

(1) Issued to

Print the name of the traveller.

(2) This is to certify that [name]

Print the name of the traveller.

(3) Date of birth

Print the date of birth. The date format is day, month, year, with the month printed (e.g., 01 January 1975).

(4) Sex

Print the sex of the traveller. This should be recorded with the appropriate letter "M" or "F".

(5) Nationality

Print the nationality of the traveller (e.g. "Canadian"). This should be the same as the nationality on the national identification document (e.g. passport) used by the traveller. If the traveller has more than one nationality, advise the traveller that completion of this line should be consistent with the national identification document with which he or she is travelling to avoid potential problems at border crossings.

(6) National identification document, if applicable

Enter the type of the traveller's national identification document (e.g. "Passport"). If there is any possibility that the traveller may travel with different types of national identification documents, completion of this line should reflect what has been entered on the nationality line. It is not advisable to enter the national identification document number as any discrepancy may lead to problems for the traveller at border crossings.

(7) Whose signature follows

Instruct the traveller to sign the certificate. A parent or guardian should sign the document if the child is unable to write. An illiterate person should sign this document with his/her usual mark in the presence of the health care provider who should initial beside the mark.

(8) Cannot be vaccinated against (name of disease or condition)

Print "Yellow fever".

(9) Because of the following reason:

The health care provider should write the reason(s) for which, in his/her opinion, yellow fever vaccination is contraindicated on medical grounds. In completing this document, the health care provider needs to determine how best to communicate his/her opinion. If the health care provider is disclosing personal medical information, he/she must first seek consent from the patient to do so. In some circumstances, the medical practitioner may consider using text such as "risk of adverse event from yellow fever vaccine outweighs potential benefit".

(10) Contraindicated vaccine

Print the name of the vaccine to which the traveller has a medical contraindication.

(11) Date

Print the date on which the traveller has been assessed for medical contraindication. The date format is day, month, year, with the month printed. (e.g. 01 January 2011)

(12) Signature and professional status of supervising clinician

Sign the certificate and indicate your professional status. The signature should be that of the health care provider who determined the medical contraindication to the yellow fever vaccine.

(13) Certificate valid from: until:

Print the dates of the validity period of the document. The period of validity is established by the health care provider who has determined the medical contraindication. The period of validity should reflect the specific travel itinerary as the risks of non-vaccination may need to be re-evaluated with each trip.

(14) Official stamp of administering centre

Stamp the certificate with the unique identification stamp of the designated Yellow Fever Vaccination Centre.

Example of a Completed Copy of the Certificate of Medical Contraindication to Vaccination

<p>A country where the vectors of yellow fever are present, may require a traveller coming from an area where the World Health Organization has determined that a risk of yellow fever transmission is present to be quarantined:</p> <p>1) If the traveller is unable to produce a valid certificate of vaccination against yellow fever;</p> <p>2) Until the certificate becomes valid, or;</p> <p>3) Until a period of not more than six days, from the date of last possible exposure to infection, has elapsed. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.</p> <p>If a health care practitioner is of the opinion that the vaccination against yellow fever is contraindicated on medical grounds, the health care practitioner should provide the person with reasons, written in English or French, underlying that opinion, which the authorities on arrival should take into account. The health care practitioner should inform the traveller of any risk associated with non-vaccination and provide information regarding protection from yellow fever vectors.</p>	<p>Un pays où les vecteurs de la fièvre jaune sont présents peut exiger qu'un voyageur en provenance d'une zone dans laquelle l'Organisation mondiale de la Santé a établi qu'il existe un risque de transmission de la fièvre jaune soit mis en quarantaine:</p> <p>1) Si le voyageur n'est pas en mesure de présenter un certificat valide de vaccination contre la fièvre jaune</p> <p>2) Jusqu'à ce que le certificat de vaccination soit devenu valable, ou;</p> <p>3) Pour une période de six jours à compter de la date de la dernière exposition possible à l'infection. Les voyageurs qui n'ont pas été mis en quarantaine peuvent être tenus de signaler tout symptôme fébrile ou tout autre symptôme pertinent à l'autorité compétente et être placés sous surveillance.</p> <p>Si le clinicien responsable est d'avis que la vaccination contre la fièvre jaune est contre-indiquée pour des raisons médicales, il remet à l'intéressé un certificat de contre-indication dûment motivé, rédigé en anglais ou en français, que les autorités compétentes du lieu d'arrivée doivent prendre en considération. Le clinicien responsable doit informer l'intéressé de tout risque associé à la non-vaccination et d'offrir de l'information sur la protection contre les vecteurs de la fièvre jaune.</p>	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div> <p>Government of Canada</p> <p>Gouvernement du Canada</p> </div> </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>CERTIFICATE</p> <hr/> <p>OF MEDICAL CONTRAINDICATION TO VACCINATION</p> <hr/> <p>CERTIFICAT</p> <hr/> <p>DE CONTRE-INDICATION MÉDICALE À LA VACCINATION</p> <hr/> </div> <div style="text-align: center; margin-top: 20px;"> <p>Issued to Délivré à</p> <p>Josephine Doe ^①</p> </div> <div style="text-align: right; margin-top: 20px;"> </div>
---	--	--

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 0.8em;">CERTIFICATE OF MEDICAL CONTRAINDICATION TO VACCINATION</div> <p>This is to certify that [name] <u>Josephine Doe</u> ^②</p> <p>date of birth <u>12 March 1970</u> ^③ sex <u>F</u> ^④</p> <p>nationality <u>Canadian</u> ^⑤</p> <p>national identification document, if applicable <u>Passport</u> ^⑥</p> <p>whose signature follows <u>Josephine Doe</u> ^⑦</p> <p>cannot be vaccinated against (name of disease or condition)</p> <p><u>Yellow fever</u> ^⑧</p> <p>because of the following reason:</p> <p><u>Severe allergy to eggs</u> ^⑨</p>	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 0.8em;">CERTIFICAT DE CONTRE-INDICATION MÉDICALE À LA VACCINATION</div> <p>Nous certifions que [nom] _____</p> <p>né(e) le _____ de sexe _____</p> <p>et de nationalité _____</p> <p>document d'identification national, le cas échéant _____</p> <p>dont la signature suit _____</p> <p>ne peut être vacciné(e) contre (nom de la maladie ou de l'affection) _____</p> <p>pour la raison suivante: _____</p>
--	--

Contraindicated vaccine	Date	Signature and professional status of supervising clinician	Medical contraindication valid from: until:	Official stamp of the administering centre
Vaccin contre-indiqué	Date	Signature et titre du clinicien responsable	Contre-indication médicale à partir du : jusqu'au :	Cachet officiel du centre habilité
Yellow fever ^⑩	15 August 2007 ^⑪	John Smith R.N. ^⑫	25 August 2007 30 November 2007 ^⑬	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>YFVG / CVFJ # XX-1000 CANADA</p> </div> ⑭

Annex 3: Recommended Resources for Yellow Fever Vaccination Centres

National Resources

- Public Health Agency of Canada's Travel Health Section (www.travelhealth.gc.ca)
 - o Travel Health Notices (<http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>)
 - o Travel Health Recommendations by Country (<http://www.phac-aspc.gc.ca/tmp-pmv/countries-pays/index-eng.php>)
 - o Yellow Fever Fact Sheet (THD) <http://www.phac-aspc.gc.ca/tmp-pmv/info/yf-fj-eng.php>
- Committee to Advise of Tropical Medicine and Travel (CATMAT) (www.catmat.gc.ca)
 - o Statement for Travellers and Yellow Fever (<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-11/index-eng.php>)
- National Advisory Committee on Immunization's (NACI) <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>
 - o Canadian Immunization Guide (CIG) <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
- National Vaccine Storage and Handling Guidelines for Immunization Providers <http://www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php>

International Resources

World Health Organization

- International Health Regulations (<http://www.who.int/ihr/en/index.html>)
- Health Topics – Yellow Fever (http://www.who.int/topics/yellow_fever/en/index.html)
- International Travel and Health Report (<http://www.who.int/ith/en/>)
- Yellow Fever Position Paper (<http://www.who.int/immunization/documents/positionpapers/en>)

Vaccine Reference

For the latest version of the Health Canada approved YF-VAX product monograph, please consult the Drug Product Database (<http://webprod3.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>).

Other Resources

- Foreign Affairs and International Trade Canada: Travel Reports and Warnings (http://voyage.gc.ca/countries_pays/menu-eng.asp)

Annex 4: Forms Centre – Yellow Fever Vaccination Centres in Canada

To apply to become a Yellow Fever Vaccination Centre:

Application Form

Attestation Form

**Please attach a copy of the Nominated Health Care Practitioner's current license to practice when submitting the application.*

To notify us of changes to an existing Yellow Fever Vaccination Centre:

Change to Health Care Site:

Notification of Changes Form (Section B)

Change to Address of Health Care Site:

Notification of Change Form (Section B)

Attestation Form

Change to Nominated Health Care Practitioner:

Notification of Change Form (Section C)

Attestation Form

**Please attach a copy of the Nominated Health Care Practitioner's current license to practice when submitting the application.*

To terminate the designation of a Yellow Fever Vaccination Centre:

Voluntary Termination of Designation Form

** Please return by mail all PHAC-issued certificates and stamps.*



APPLICATION FORM / FORMULAIRE DE DEMANDE

YELLOW FEVER VACCINATION CENTRES / CENTRES DE VACCINATION CONTRE LA FIÈVRE JAUNE

* REQUIRED FIELD / CHAMP REQUIS

SECTION A – Health care site information / Renseignements sur le centre de santé

Type of Health Care Site / Type de centre de santé*	Public Health / Santé publique	Private Clinic / Clinique privée	Hospital / Hôpital
Name of the health care site / Nom du centre de santé*	Address / Adresse*		
Telephone / Téléphone*			
Fax / Télécopieur			
Email / Courriel*			
Website / Site Web	Postal Address / Adresse postale		

SECTION B – Health care practitioner information / Renseignements sur le professionnel de la santé

Name of nominated health care practitioner / Nom du professionnel de la santé nommé*	
Email / Courriel*	Profession / Profession*
Telephone / Téléphone*	Copy of current license attached / Copie du permis en vigueur ci-joint*
Completed by / Rempli par*	Date (year-month-day) / Date (année/mois/jour)*

SECTION C – For office use only / À usage interne seulement

NHCP License / Permis NHCP	Signed attestation / Attestation signée	YFVC # / CVFJ # _____	APP # _____	ORD # _____
Review / Révision _____	Approval / Approbation _____	Comments / Commentaires		
Sent / Envoyé _____	Date _____			



APPLICATION FORM / FORMULAIRE DE DEMANDE

YELLOW FEVER VACCINATION CENTRES / CENTRES DE VACCINATION CONTRE LA FIÈVRE JAUNE

INSTRUCTIONS TO COMPLETE THE FORM / DIRECTIVES SUR LA FAÇON DE REMPLIR LE FORMULAIRE

SECTION A – Health care site information / Renseignements sur le centre de santé

This section must be completed in full. Provide the contact information of the health care site. The information in this section is used to populate the listing of Yellow Fever Vaccination Centres on the Public Health Agency of Canada's (PHAC) Web site and for communication purposes.

Email

Provide the email address of the health care site or of the clinic manager. This information will not be shared with the public.

Address

Use this section for the physical address of the health care site. The public will use this address to locate your site.

Postal Address

If the mailing address differs than the physical address of the health care site (e.g., if the health care site uses a P.O. Box), please write it in this section. This information is necessary to ensure that any correspondence from PHAC is delivered to the site. This information will not be shared with the public.

Cette section doit être remplie au complet. Fournissez les coordonnées du centre de santé. Les renseignements dans cette section serviront à dresser la liste des Centres de vaccination contre la fièvre jaune sur le site Web de l'Agence de la santé publique du Canada (ASPC), ainsi qu'à des fins de communications.

Courriel

Fournissez le courriel du centre de santé ou du gestionnaire de clinique. Ces renseignements ne seront pas diffusés au public.

Adresse

Utilisez l'adresse physique du centre de santé dans cette section. Le public utilisera cette adresse pour trouver le centre.

Adresse postale

Si l'adresse postale du centre de santé est différente de l'adresse physique (p. ex. si le centre utilise une boîte postale), veuillez l'écrire dans cette section. Ces renseignements sont nécessaires pour s'assurer que toute correspondance de l'ASPC soit livrée au centre. Ces renseignements ne seront pas diffusés au public.

SECTION B – Health care practitioner information / Renseignements sur le professionnel de la santé

This section must be completed in full. Information provided in this section will not be shared with the public.

Notes on specific fields:

Profession

- Write the profession of the Nominated Health Care Practitioner (NHCP). For example, physician, nurse, pharmacist, etc.
- Please see Section 5A(v) in the Procedures Manual for more information on who can be the NHCP for a Yellow Fever Vaccination Centre.
- Attach a copy of the NHCP's current license to practice when submitting the forms.

Email

Provide the email address of the NHCP. PHAC must be able to contact the NHCP directly if necessary.

Telephone

Provide the direct business phone number of the NHCP. PHAC must be able to contact the NHCP directly if necessary. If possible, please do not provide personal contact numbers.

Cette section doit être complètement remplie. Les renseignements fournis dans cette section ne seront pas diffusés au public.

Remarques sur des champs particuliers :

Profession

- Écrivez la profession du professionnel de la santé nommé. P. ex. médecin, infirmière, pharmacien, entre autres.
- Veuillez consulter la section 5A(v) du guide des procédures pour plus de renseignements sur qui peut être le professionnel de la santé nommé d'un Centre de vaccination contre la fièvre jaune.
- Joignez une copie du permis d'exercice actuel du professionnel de la santé lorsqu'on présente les formulaires.

Courriel

Fournissez le courriel du professionnel de la santé nommé. L'ASPC doit être en mesure de contacter le professionnel de la santé nommé de façon directe, au besoin.

Téléphone

Fournissez le numéro de téléphone d'affaires direct du professionnel de la santé nommé. L'ASPC doit être en mesure de contacter le professionnel de la santé nommé de façon directe, au besoin. À la mesure du possible, ne fournissez pas des numéros de téléphone personnels.

SECTION C – For office use only / À usage interne seulement

Please do not enter information in this section. PHAC will complete this section once the request has been processed.

Ne remplissez pas cette section. L'ASPC remplira cette section lorsque la demande aura été traitée.



ATTESTATION FORM

YELLOW FEVER VACCINATION CENTRES

* REQUIRED FIELD

SECTION A – Health care site information

Name of the health care site*

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*



NOTIFICATION OF CHANGES / FORMULAIRE DE NOTIFICATION DE CHANGEMENTS

YELLOW FEVER VACCINATION CENTRES / CENTRES DE VACCINATION CONTRE LA FIÈVRE JAUNE

NB: Any changes in address OR Nominated Health Care Practitioner require completion of an Attestation Form /

NB : Tout changement d'adresse OU professionnel de la santé nommé exige de remplir un nouveau formulaire d'attestation

* REQUIRED FIELD / CHAMP REQUIS

SECTION A – Health care site information / Renseignements sur le centre de santé

Name of the health care site / Nom du centre de santé *	Unique Yellow Fever Vaccination Centre # / # unique du Centre de vaccination contre la fièvre jaune *
Completed by / Rempli par *	Date (year-month-day) / Date (année/mois/jour) *

SECTION B – Changes to health care site information / Modifications aux renseignements sur le centre de santé

CURRENT INFORMATION / RENSEIGNEMENTS ACTUELS	NEW INFORMATION / NOUVEAUX RENSEIGNEMENTS
Name of the health care site / Nom du centre de santé	Name of the health care site / Nom du centre de santé
Address / Adresse	Address / Adresse Attestation form attached / Formulaire d'attestation ci-joint
Telephone / Téléphone	Telephone / Téléphone
Fax / Télécopieur	Fax / Télécopieur
Email / Courriel	Email / Courriel
Website / Site Web	Website / Site Web

SECTION C – Change to the nominated health care practitioner / Modifications concernant le professionnel de la santé nommé

Name of current nominated health care practitioner / Nom du professionnel de la santé nommé actuel *	
Name of new nominated health care practitioner / Nom du nouveau professionnel de la santé nommé *	
Email / Courriel *	Profession / Profession *
Telephone / Téléphone *	Copy of current license attached / Copie du permis en vigueur ci-joint *

SECTION D – For office use only / À usage interne seulement

NHCP License / Permis NHCP	Signed attestation / Attestation signée	NOC # _____ CHCP # _____
Review / Révision _____	Approval / Approbation _____	Comments / Commentaires
Sent / Envoyé _____	Date _____	



NOTIFICATION OF CHANGES / FORMULAIRE DE NOTIFICATION DE CHANGEMENTS

YELLOW FEVER VACCINATION CENTRES / CENTRES DE VACCINATION CONTRE LA FIÈVRE JAUNE

INSTRUCTIONS TO COMPLETE THE FORM / DIRECTIVES SUR LA FAÇON DE REMPLIR LE FORMULAIRE

SECTION A – Health care site information / Renseignements sur le centre de santé

This section must be completed in full.

Cette section doit être remplie au complet.

SECTION B – Changes to health care site information / Modifications aux renseignements sur le centre de santé

Complete only the rows where information has changed. Enter the current information in the left-side column, and the new information in the right-side column.

Provide the contact information of the health care site. The information in this section is used to populate the listing of Yellow Fever Vaccination Centres on the Public Health Agency of Canada's (PHAC) web site and for communication purposes.

Address

For a change in address, the health care site must attach a completed attestation form, signed by the Nominated Health Care Practitioner.

Remplissez seulement les rangées où les renseignements ont été modifiés.

Remplissez la colonne de gauche avec les renseignements actuels et la colonne de droite avec les nouveaux renseignements.

Fournissez seulement les coordonnées générales du centre de santé. Les renseignements dans cette section serviront à dresser la liste des centres de vaccination contre la fièvre jaune sur le site Web de l'Agence de la santé publique du Canada (ASPC), ainsi qu'à des fins de communications.

Adresse

Pour une modification d'adresse, le centre de santé doit joindre un formulaire d'attestation rempli et signé par le professionnel de la santé nommé.

SECTION C – Change to the nominated health care practitioner / Modifications concernant le professionnel de la santé nommé

This section must be completed in full. Information provided in this section will not be shared with the public.

For a change in Nominated Health Care Practitioner (NHCP), please attach a completed Attestation Form.

Profession

- Write the profession of the NHCP.
For example, physician, nurse, pharmacist, etc.
- Please see Section 5A(v) in the Procedures Manual for more information on who can be the NHCP for a Yellow Fever Vaccination Centre.
- Attach a copy of the NHCP's current license to practice when submitting the forms.

Email

Provide the email address of the NHCP. PHAC must be able to contact the NHCP directly if necessary.

Telephone

Provide the direct business phone number of the NHCP. PHAC must be able to contact the NHCP directly if necessary. If possible, please do not provide personal contact numbers.

Cette section doit être complètement remplie. Les renseignements fournis dans cette section ne seront pas diffusés au public.

Pour les modifications concernant le professionnel de la santé nommé, veuillez joindre un formulaire d'attestation rempli à ce formulaire.

Profession

- Écrivez la profession du professionnel de la santé nommé. P. ex. médecin, infirmière, pharmacien, entre autres.
- Veuillez consulter la section 5A(v) du guide des procédures pour plus de renseignements sur qui peut être le professionnel de la santé nommé d'un centre de vaccination contre la fièvre jaune.
- Joignez une copie du permis d'exercice actuel du professionnel de la santé lorsqu'on présente les formulaires.

Courriel

Fournissez le courriel du professionnel de la santé nommé. L'ASPC doit être en mesure de contacter le professionnel de la santé nommé de façon directe, au besoin.

Telephone

Fournissez le numéro de téléphone d'affaires direct du professionnel de la santé nommé. L'ASPC doit être en mesure de contacter le professionnel de la santé nommé de façon directe, au besoin. À la mesure du possible, ne fournissez pas des numéros de téléphone personnels.

SECTION D – For office use only / À usage interne seulement

Please do not enter information in this section. PHAC will complete this section once the request has been processed.

Ne remplissez pas cette section. L'ASPC remplira cette section lorsque la demande aura été traitée.



ORDER FORM / FORMULAIRE DE COMMANDE

YELLOW FEVER VACCINATION CENTRES / CENTRES DE VACCINATION CONTRE LA FIÈVRE JAUNE

* REQUIRED FIELD / CHAMP REQUIS

SECTION A – Health care site information / Renseignements sur le centre de santé

Name of the health care site / Nom du centre de santé*	Unique Yellow Fever Vaccination Centre # / # unique du Centre de vaccination contre la fièvre jaune*
Completed by / Rempli par*	Date (year-month-day) / Date (année/mois/jour)*

SECTION B – Order / Commande

QUANTITY / QUANTITÉ

Copies of the *International Certificate of Vaccination or Prophylaxis* / Copies du *Certificat international de vaccination ou de prophylaxie*

Copies of the *Certificate of Medical Contraindication to Vaccination* / Copies du *Certificat de contre-indication médicale à la vaccination*

If you are ordering certificates for more than one designated Yellow Fever Vaccination Centre, please submit a separate order form for each centre.

Si vous commandez des certificats pour plus d'un Centre de vaccination contre la fièvre jaune désigné, veuillez soumettre un formulaire de commande pour chaque centre.

Maximum order quantity:

International Certificate of Vaccination or Prophylaxis – 500
Certificate of Medical Contraindication to Vaccination – 300

Quantité maximale pour une commande :

Certificat international de vaccination ou de prophylaxie – 500
Certificat de contre-indication médicale à la vaccination – 300

The *International Certificate of Vaccination or Prophylaxis*, the *Certificate of Medical Contraindication to Vaccination* and the stamps issued by the Public Health Agency of Canada are only to be used at the above mentioned site, for the purpose these were intended, and are not to be shared with other clinics.

Les *Certificats internationaux de vaccination ou de prophylaxie*, les *Certificats de contre-indication médicale à la vaccination* et les cachets fournis par l'Agence de la santé publique du Canada ne seront utilisés que par la clinique mentionnée ci-dessus, aux fins prévues, et ne seront pas transmis à d'autres cliniques.

Please email, or fax to 613-952-8286 / SVP envoyer par courriel, ou par télécopieur à 613-952-8286

SECTION C – For office use only / À usage interne seulement

Date received / Date de réception	Amount sent / Montant envoyé
Date sent / Date d'expédition	ICVP / CVP _____ CMCV / CCMV _____ Other / Autre _____
Sent by / Envoyé par _____	ORD # _____



VOLUNTARY TERMINATION OF DESIGNATION FORM

YELLOW FEVER VACCINATION CENTRES

* REQUIRED FIELD

SECTION A – Health care site information

Name of the health care site*	Unique Yellow Fever Vaccination Centre # *
Completed by*	Date (year-month-day)*

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

Please accept the voluntary termination of the Yellow Fever Vaccination Centre designation at the above mentioned health care site:

I have enclosed all stamps issued by the Public Health Agency of Canada (PHAC).

I have enclosed all unused copies of the *International Certificate of Vaccination or Prophylaxis* and *Certificate of Medical Contraindication to Vaccination* issued by the PHAC.

I am aware that PHAC will no longer provide the above-mentioned health care site with the *International Certificate of Vaccination or Prophylaxis*, the *Certificate of Medical Contraindication to Vaccination* or identification stamps.

I am aware that the above-mentioned health care site will be removed from the listing of designated Yellow Fever Vaccination Centres on PHAC's web site.

I am aware that PHAC will inform Sanofi Pasteur of the termination of Yellow Fever Vaccination Centre designation of the above-mentioned site.

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

Signature*

Date*

References

1. World Health Organization. International Health Regulations (2005). 2 ed. Geneva: WHO; 2008.
2. World Health Organization. International Health Regulations (2005). 2 ed. Geneva: WHO; 2008. Article 2, Purpose and scope; p.10.
3. World Health Organization. International Health Regulations (2005). 2 ed. Geneva: WHO; 2008. Annex 7, Requirements Concerning Vaccination or Prophylaxis for Specific Diseases; p.54.
4. World Health Organization. International Health Regulations (2005). 2 ed. Geneva: WHO; 2008. Annex 6, Vaccination, Prophylaxis and Related Certificates; p.52.
5. World Health Organization. International Health Regulations (2005). 2 ed. Geneva: WHO; 2008. Chapter 1, General Provisions, Article 23(4); p.20.