

**WYOMING DEPARTMENT OF HEALTH
YELLOW FEVER VACCINE PROGRAM**

**Yellow Fever ACIP Recommendations & Vaccine Storage
Acknowledgement Form-Primary Facility**

ACIP RECOMMENDATION STATEMENT	
I acknowledge that I have read and understand the recommendations outlined by the CDC's Advisory Committee on Immunization Practices (ACIP) regarding the administration of yellow fever vaccine.	Initials
CDC YELLOW FEVER WEBINAR TRAINING	
I acknowledge that I have viewed the two-part CDC yellow fever webinar located at: www.cdc.gov/travel .	Initials
YELLOW FEVER VACCINE STORAGE STATEMENT	
I acknowledge that I have read and understand the requirements outlined by the Wyoming Department of Health-Immunization Unit for proper storage of yellow fever vaccine and will be compliant with the recommendations.	Initials
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

SIGNATURES

Uniform Stamp Applicant Signature	Print Name	Date
Yellow Fever Vaccine Coordinator Signature	Print Name	Date