

ATTACHMENT C

Yellow fever vaccination centre – Change of details form

Medical practice details

Name of medical practice:	
Vaccine delivery address:	
Yellow fever stamp number:	

Change of details

Please update below as applicable.

New name of medical practice:	
New vaccine delivery address:	
New telephone number:	
New email address:	
New fax number:	
New name of contact for administrative requirements relating to yellow fever vaccination (Practice manager or other):	
Other:	

Change of Practice Principal

If the responsible medical or nurse practitioner for the above yellow fever vaccination centre has changed, please provide the new responsible practitioner details below:

Name of new practice principle	
AHPRA registration number:	
AHPRA registration expiry date:	
<input type="checkbox"/> Responsible practitioner's Yellow Fever Vaccination Course certificate attached.	

Changes to practitioners who are prescribing the yellow fever vaccine

1	Name:	
	AHPRA registration number:	
	AHPRA registration expiry date:	
	<input type="checkbox"/> Add (Yellow Fever Vaccination Course certificate attached) <input type="checkbox"/> Remove	
2	Name:	
	AHPRA registration number:	
	AHPRA registration expiry date:	
	<input type="checkbox"/> Add (Yellow Fever Vaccination Course certificate attached) <input type="checkbox"/> Remove	
3	Name:	
	AHPRA registration number:	
	AHPRA registration expiry date:	
	<input type="checkbox"/> Add (Yellow Fever Vaccination Course certificate attached) <input type="checkbox"/> Remove	
4	Name:	
	AHPRA registration number:	
	AHPRA registration expiry date:	
	<input type="checkbox"/> Add (Yellow Fever Vaccination Course certificate attached) <input type="checkbox"/> Remove	

Other comments:

Acknowledgement of responsibility

As the responsible practitioner of this yellow fever vaccination centre:

Cold chain management

- I confirm, staff have access to the SA Health website page [Immunisation for health professionals](#) The website contains information about reporting a cold chain breach and how to report a vaccine adverse event.
- I confirm, the data logger is set for 5-minute interval readings.
- I confirm, the data logger is downloaded and reviewed weekly.
- I confirm, all relevant staff have reviewed the [National Vaccine Storage Guidelines: Strive for 5](#).

- I confirm, the facility has a written cold chain protocol that covers the 10 principles of safe vaccine storage management in the National Vaccine Storage Guidelines: Strive for 5
- I confirm, the front of the fridge is raised so that it tilts back slightly helping the door to shut.
- I confirm, the fridge power point has a sign above stating - 'Vaccine refrigerator – do not turn off or disconnect'.
- I confirm, an annual self-audit of the vaccine fridge will be conducted using the tool provided in the National Vaccine Storage Guidelines: Strive for 5.

Dealing with adverse reactions

- I confirm, this practice has all the equipment, medicine, and procedures in place to deal with an immediate severe adverse event following immunisation, including anaphylaxis.
- I confirm, all practitioners will report adverse events following vaccination to [SA Vaccine Safety Surveillance \(SAVSS\)](#)

Travel health advice

- I confirm, all practitioners listed in this application have internet access to up-to-date travel advisory and travel health information during business hours.

Online course training

- I confirm, all relevant practitioners will complete the Yellow Fever Vaccination Course every three years.
- I confirm, all relevant practitioners will supply their course completion certificate to the Immunisation Unit.

Change of circumstance

- I confirm, the Immunisation section will be notified if this service intends to cease provision of yellow fever vaccinations or if circumstances change in relation to the practice which will alter our capability to adhere to the requirements in this document. Changes may include but are not limited to, a change of responsible applicant, change of address, or a change of the practice name. Please contact healthimmunisation@sa.gov.au

Name of Practice Principal:

Signature:

Date:

Please submit the completed form to healthimmunisation@sa.gov.au