



Order form

Yellow Fever Vaccination Centres

* All fields indicated by an asterisk (*) are mandatory.

Section A – Health care site information

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

Section B – Order

Quantity

Copies of the *International Certificate of Vaccination or Prophylaxis*

Copies of the *Certificate of Medical Contraindication to Vaccination*

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

Maximum order quantity:

International Certificate of Vaccination or Prophylaxis – 200

Certificate of Medical Contraindication to Vaccination – 100

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.

Please submit your request to the Yellow Fever Designation Centre Program (yfinfofj@phac-aspc.gc.ca) or by fax: 613-952-8286.

Section C – For office use only

Date received _____	Amount sent _____
Date sent _____	ICVP _____ CMCV _____ Other _____
Sent by _____	ORD # _____

