



Three empty rounded rectangular boxes for identification numbers.

Voluntary termination of designation 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 – 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*