



# Yellow Fever Vaccination Centre – Change of Details

<b>(a) Practice Details</b>	
Name of Practice	
Address	

<b>(b) Changes to Practice Details</b>	
Change of <b>Practice Name</b> <input type="checkbox"/>	New Practice Name:
Change of <b>Practice Address</b> <input type="checkbox"/>	New Practice Address:
Change of <b>Telephone number</b> <input type="checkbox"/>	New Telephone number:
Change of <b>Email</b> <input type="checkbox"/>	New Email:
Change of Contact for Administrative Requirements relating to Yellow Fever Vaccination (practice manager or other) <input type="checkbox"/>	New Contact Person:
<b>Other</b> <input type="checkbox"/>	



**(d) Changes to Practitioners who are prescribing the yellow fever vaccine**

		<b>ADD</b>	<b>REMOVE</b>
1	Name: AHPRA Number:  Course completion certificate attached: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Name: AHPRA Number:  Course completion certificate attached: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Name: AHPRA Number:  Course completion certificate attached: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Name: AHPRA Number:  Course completion certificate attached: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comments:			

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit completed form to ACT Health, Health Protection Service, Fax: 02 5124 9307 or email to: [immunisation@act.gov.au](mailto:immunisation@act.gov.au)

**Accessibility**

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

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