TEXAS Health and Human Services | Texas Department of State Health Services

APPLICATION for UNIFORM VACCINATION STAMP

Yellow Fever

Physician Name and Suffix: _____

Texas Medical License Number: _____ DEA Number: _____

Facility Name: _____

Address: _____

Yellow Fever vaccine will be shipped to, and administered at, this address

City: _____ County: _____ Zip: _____

Facility Phone: (_____) _____ Facility Fax: (_____) _____

Facility Website: _____

Contact Person: _____ Direct Phone: (_____) _____

Contact Email: _____

Communication regarding your yellow fever account is made primarily by email. Please select a permanent email address for your contact email, preferably the physician's.

I understand that the Uniform Stamp is the property of the Texas Department of State Health Services (DSHS). I agree to: 1) keep the stamp secure and return the stamp to DSHS upon request; 2) use the stamp only for International Certificates of Vaccination issued by me; 3) report adverse vaccine reactions to the Centers for Disease Control and Prevention (CDC); 4) administer vaccine in accordance with DSHS rules and CDC recommendations; 5) receive and administer yellow fever vaccine only at the site designated on this form. Vaccine must be shipped directly from the manufacturer to this location and not transferred between facilities; and 6) submit the Annual Renewal Form and fee every January in order to remain authorized. I will obtain the form at https://dshs.texas.gov/immunizations/what-we-do/vaccines/yellow-fever.

My signature below acknowledges my agreement.

_____ _____

Signature of Applying Physician Date

☐ If you **DO NOT** want your facility listed on the public CDC clinic finder site please mark this box. http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search.

ZZ302 - 008 and the **Doctor's Name** MUST be written on the payment in order to ensure correct designation of these funds. Please mail completed application and the **$68.00** fee to:

Cash Receipts Branch
Texas Department of State Health Services
MC-2003
P. O. Box 149347
Austin, TX 78714-9347

Please allow 10 weeks for processing.

Yellow Fever Uniform Stamp Number: 42 -_____ - _____

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