UNIFORM STAMP ANNUAL RENEWAL FORM
- Public Health Department only -

Physician Name and Suffix:______________________________________________________________

Texas Medical License Number: ___________________________ Stamp Number: 42 - ________ - __________

Facility Name:_____________________________________________________________________

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.

Number of yellow fever vaccinations administered 1/1/2018 through 12/31/2018: ___________

Please report adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at:

I wish to continue my authorization to administer yellow fever vaccine.

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 every January
in order to remain authorized. I will obtain the form at: http://www.dshs.texas.gov/immunize/tvfc/yellowfever.shtm.

My signature below acknowledges my agreement.

____________________________________________________________________________________
Signature of Physician Date

Fax completed form to (512) 776-7743 or mail to the address below.

If the health department will no longer offer yellow fever vaccine, please return the Uniform Stamp along
with a Uniform Stamp Return Form to:

Immunization Unit
Texas Department of State Health Services
MC-1946
P. O. Box 149347
Austin, TX 78714-9347

Please visit our website at: http://www.dshs.texas.gov/immunize/tvfc/YellowFever.shtm.

Department of State Health Services
Immunization Unit

Stock No. EF11-11974
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