

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 for your contact email.	primarily by email. Please select a permanent email address
Number of yellow fever vaccinations administered 1/1/2024	through 12/31/2024:
Please report adverse vaccine reactions to the Vaccine Adverse https://vaers.hhs.gov/reportevent.html.	e 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 agree to: 1) keep the stamp secure and return the stamp to DS Certificates of Vaccination issued by me; 3) report adverse v Prevention (CDC); 4) administer vaccine in accordance with administer yellow fever vaccine only at the site designated or manufacturer to this location and not transferred between fa January in order to remain authorized. I will obtain the form vaccines/yellow-fever. My signature below acknowledges my agreement.	SHS upon request; 2) use the stamp only for International accine reactions to the Centers for Disease Control and DSHS rules and CDC recommendations; 5) receive and a this form. Vaccine must be shipped directly from the cilities; and 6) submit the Annual Renewal Form every
Signature of Physician Mail to the address below.	Date
man 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 Section
Texas Department of State Health Services
MC-1946
P. O. Box 149347
Austin, TX 78714-9347

Please visit our website at: https://dshs.texas.gov/immunizations/what-we-do/vaccines/

<u>yellow-fever</u>

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