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

UNIFORM STAMP ANNUAL RENEWAL FORM

Yellow Fever

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, preferably the physician's.

Number of yellow fever vaccinations administered **1/1/2025** through **12/31/2025**: _____

Please report adverse vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html.

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 and fee every January in order to remain authorized. I will obtain the form at www.dshs.texas.gov/immunizations/what-we-do/vaccines/yellow-fever.

My signature below acknowledges my agreement.

_____ _____

Signature of Physician Date

ZZ302-008 and the **Doctor's Name** MUST be written on the payment in order to ensure the correct physician is credited for payment. Please mail this form and the **$38.00** renewal fee to:

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

If you are not renewing, the uniform stamp and a completed Uniform Stamp Return Form (no payment) must be mailed to:

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

Please visit our website at www.dshs.texas.gov/immunizations/what-we-do/vaccines/yellow-fever.