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

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 **1/1/2025 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 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

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 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.