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

UNIFORM STAMP RETURN 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:** _____

Number of yellow fever vaccinations administered **1/1/2026 through present:** _____

Has your facility's authorization been renewed for the **2026** calendar year? ☐ Yes ☐ No

NOTE: If your facility has **ordered** or **administered** yellow fever vaccine during the current calendar year, a renewal application must be completed and submitted with payment to DSHS, even if service has since been discontinued. If you are unsure about your facility's renewal status, please contact the Yellow Fever Program.

If you are not renewing, the uniform stamp and this completed 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

My signature below acknowledges that I wish to discontinue my authorization to administer yellow fever vaccine at the facility stated on this form.

_____ _____
Signature of Physician Date

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