



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 1/1/2021 through 12/31/2021: \_\_\_\_\_

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 <http://www.dshs.state.tx.us/immunize/tvfc/YellowFever.shtm>.

**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 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.state.tx.us/immunize/tvfc/YellowFever.shtm>