



# UNIFORM STAMP REPLACEMENT 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: \_\_\_\_\_

- Stamp was lost. Please issue new stamp.
- Stamp information is illegible; stamp is worn or damaged. Please issue a new stamp. I will return the old stamp to DSHS upon receipt of the replacement stamp.
- Designated vaccination center will move to a different county. Please issue a new stamp. I have attached, on facility letterhead, complete information on the new address, county, contact information, and effective date of the move.

I understand that the Uniform Stamp is the property of the Texas Department of State Health Services (DSHS). I agree to: 1) return the stamp to DSHS upon request; 2) keep the stamp in a secure place and never loan the stamp to others; 3) use the stamp only for International Certificates of Vaccination issued by me; 4) report to the Centers for Disease Control and Prevention (CDC) any adverse vaccine reactions; 5) administer vaccine in accordance with policies, requirements, and recommendations of the United States Public Health Service and CDC; 6) administer yellow fever vaccine only at the site designated on this form; and 7) submit the Annual Renewal Form and renewal fee every January in order to remain authorized. My signature below acknowledges my agreement with this statement.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**ZZ302 - 008** and the **Doctor's Name MUST** be written on the payment in order to ensure correct designation of these funds. Please mail this form and the **\$50.00** replacement fee to:

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

Please allow 10 weeks to receive the replacement stamp.

Please visit our website at <http://www.dshs.texas.gov/immunize/tvfc/YellowFever.shtm>.