



# 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 **1/1/2019 through 12/31/2019**: \_\_\_\_\_

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: <http://www.dshs.texas.gov/immunize/tvfc/YellowFever.shtm>.

**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 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.texas.gov/immunize/tvfc/YellowFever.shtm>.