APPLICATION for UNIFORM VACCINATION STAMP

Yellow Fever

Department of State Health Services
Immunization Unit

Stock No. EF11-11972
Revised 10/2019

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.

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 Applying 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 completed application and the $68.00 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 for processing.

Yellow Fever Uniform Stamp Number: 42 -_________ - _________

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