WYOMING DEPARTMENT OF HEALTH YELLOW FEVER VACCINE PROGRAM

Application For Certified Yellow Fever Uniform Stamp

This form is used to apply for a new Certified Yellow Fever Uniform Stamp or to reapply for certification following the three (3) year expiration of a current stamp. Please TYPE the information into the form, print, sign, and submit with all other required documents.

UNIFORM STAMP HOLDER INFORMATION					
Full Name of Responsible Physician or Nurse Practitioner (Stamp Holder)				Medical or Nursing License #	
Mailing Address		Ci	ity	County	Zip Code
Physical Address		Ci	ity	County	Zip Code
Phone Number	ALT Phone Number	Fax Number		Email Address	
Current Stamp Number for Recertification:					
DESIGNATED YELLOW FEVER VACCINATION CENTER					
Legal Name of Designated Facility					
Mailing Address		Ci	ity	County	Zip Code
Shipping Address		Ci	ity	County	Zip Code
Name of Designated Yellow Fever Vaccine Coordinator				Title and Credentials	
Office Phone Number	Other Phone Number		Fax	Email Address	
Total number of stamps needed at this facility:					
Other travel vaccines offered at this facility: e.g., typhoid, hepatitis:					
*To designate additional facilities that are under the jurisdiction of the responsible Physician or Nurse Practitioner (Uniform Stamp Holder) to administer Yellow Fever Vaccine complete the "Designation of Additional Yellow Fever Vaccination Centers" form located on the Yellow Fever Program webpage at www.immunizewyoming.com .					
Prescribing Physician or NursePractitioner (Stamp Holder) Signature				Date	

New applicants should reference the Yellow Fever Program Policies and Procedures to ensure all required forms are submitted. Forms must be mailed to the Wyoming Department of Health, Immunization Unit, Yellow Fever Program, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002.