WYOMING DEPARTMENT OF HEALTH
YELLOW FEVER VACCINE PROGRAM

Change Notification

This form is used to notify the Immunization Unit of any changes to the information on record for the Uniform Stamp Holder or any designated Yellow Fever Vaccination Centers. Please CHECK the appropriate box, TYPE the new information into the form, print, sign, and submit.

UNIFORM STAMP HOLDER REQUESTING CHANGE(S)	
Full Name	Medical or Nursing License #
Effective Date of Change(s)	Uniform Stamp #

☐ **STAMP HOLDER CONTACT INFORMATION**

New MAILING Address	City	County	Zip Code
New Office Phone Number	New Other Phone Number		
New Fax Number	New Email Address		

☐ **DESIGNATED VACCINATION CENTER**

Name of Vaccination Center			
New MAILING Address	City	County	Zip Code
New SHIPPING Address	City	County	Zip Code
New Office Phone Number	New Other Phone Number	New Fax	

☐ **VACCINE COORDINATOR**

Name of Vaccination Center			
Name of NEW Designated Yellow Fever Vaccine Coordinator			Title and Credentials
Office Phone Number	Other Phone Number	Fax	Email Address

Uniform Stamp Holder Signature	Date

*****Stamps are issued to the Uniform Stamp Holder/ prescribing physician or nurse practitioner and will remain under the jurisdiction of that person.

This form should be mailed to the
Wyoming Department of Health, Immunization Unit, Yellow Fever Program
6101 Yellowstone Road, Suite 420,
Cheyenne, WY 82002.