WYOMING DEPARTMENT OF HEALTH
YELLOW FEVER VACCINE PROGRAM

Designation of Additional Vaccination Center(s)

This form may be used by a Uniform Stamp Holder to designate additional medical facilities that are under their jurisdiction, as Yellow Fever Vaccination Centers. Please TYPE the information into the form, print, sign, and mail.

UNIFORM STAMP HOLDER			
Full Name		Medical or Nursing License #	
Uniform Stamp #		Date of Request	
Address	City	County	Zip Code
Phone Number	Fax Number	Email Address	
The prescribing physician or nurse practitioner has designated the facility below to administer the yellow fever vaccine under their designated Wyoming Certified Yellow Fever Uniform Stamp.			

ADDITIONAL FACILITY TO BE ADDED AS A DESIGNATED YELLOW FEVER VACCINATION CENTER			
Legal Name of Vaccination Center			
MAILING Address	City	County	Zip Code
SHIPPING Address	City	County	Zip Code
Office Phone Number	Other Phone Number	Fax	
Name of Designated Yellow Fever Vaccine Coordinator		Title and Credentials	
Phone Number	Email Address		
Additional Stamp Needed at this Facility:	YES	NO	

Legal Name of Vaccination Center			
MAILING Address	City	County	Zip Code
SHIPPING Address	City	County	Zip Code
Office Phone Number	Other Phone Number	Fax	
Name of Designated Yellow Fever Vaccine Coordinator		Title and Credentials	
Phone Number	Email Address		
Additional Stamp Needed at this Facility:	YES	NO	

Uniform Stamp Holder Signature	Date

Mail to: Wyoming Department of Health, Immunization Unit, Yellow Fever Program
6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002.