## WYOMING DEPARTMENT OF HEALTH YELLOW FEVER VACCINE PROGRAM

## **Request For Replacement Stamp**

This form is used to request a replacement Certified Uniform Stamp. Replacement stamps will be sent to the shipping address on file for the Yellow Fever Vaccination Center noted below. Please make sure information remains updated with the Immunization Unit.

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	
Legal Name of Vaccination Center					
SHIPPING Address		City		County	Zip Code
Phone Number	Fax Number	r Email Ac		dress	
Reason for Replacement Stamp:	: Lost Damageo			l: Return stamp with this form.	
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