

Yellow Fever Vaccine Program

Designation of Additional Vaccination Center

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; do not print and handwrite in this form.

** Please submit additional forms for each additional stamp needed at any one facility or for any one person.*

Uniform Stamp Holder Information

Full Name	Medical or Nursing License #
Uniform Stamp #	Date of Request

Additional Designated Yellow Fever Vaccination Center

Legal Name of Designated Facility			
Mailing Address		City	Zip Code
Shipping Address		City	Zip Code
Name of Designated Yellow Fever Vaccine Coordinator			Title and Credentials
Office Phone Number	ALT Phone Number	Fax Number	Email Address
Total number of stamps needed at this facility:			
Other travel vaccines offered at this facility: e.g., typhoid, hepatitis:			

Provider Certification

By typing my name in this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Yellow Fever Vaccine Program Policies and Procedures.

ELECTRONIC SIGNATURE

Prescribing Physician/Practitioner

Title

Date