

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 application. Please TYPE your information into the form.

Uniform Stamp Holder Information

Full Name			Medical or Nursing License #
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		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