



UNIFORM STAMP REPLACEMENT FORM

Yellow Fever

Physician Name and Suffix: _____

Texas Medical License Number: _____ Stamp Number: 42 - _____ - _____

Facility Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Facility Phone: (_____) _____ Facility Fax: (_____) _____

Facility Website: _____

Contact Person: _____ Direct Phone: (_____) _____

Contact Email: _____

- Stamp was lost. Please issue new stamp.
- Stamp information is illegible; stamp is worn or damaged. Please issue a new stamp. I will return the old stamp to DSHS upon receipt of the replacement stamp.
- Designated vaccination center will move to a different county. Please issue a new stamp. I have attached, on facility letterhead, complete information on the new address, county, contact information, and effective date of the move.

I understand that the Uniform Stamp is the property of the Texas Department of State Health Services (DSHS). I agree to: 1) return the stamp to DSHS upon request; 2) keep the stamp in a secure place and never loan the stamp to others; 3) use the stamp only for International Certificates of Vaccination issued by me; 4) report to the Centers for Disease Control and Prevention (CDC) any adverse vaccine reactions; 5) administer vaccine in accordance with policies, requirements, and recommendations of the United States Public Health Service and CDC; 6) administer yellow fever vaccine only at the site designated on this form; and 7) submit the Annual Renewal Form and renewal fee every January in order to remain authorized. My signature below acknowledges my agreement with this statement.

Signature of Physician

Date

ZZ302 - 008 and the **Doctor's Name MUST** be written on the payment in order to ensure correct designation of these funds. Please mail this form and the **\$50.00** replacement fee to:

Cash Receipts Branch,
Texas Department of State Health Services
MC-2003
P. O. Box 149347
Austin, TX 78714-9347

Please allow 10 weeks to receive the replacement stamp.

Please visit our website at <http://www.dshs.texas.gov/immunize/tvfc/YellowFever.shtm>.