



Mail to: DSHS Immunization Branch Attn: Bruce Chatmon
P.O. Box 149347, Austin, Texas 78714-9347
http://www.dshs.state.tx.us/immunize/vac_manage2.shtm

APPLICATION FOR YELLOW FEVER VACCINATION VALIDATION STAMP

Physician Name: _____

Texas Medical License Number: _____ DEA Number: _____

Telephone Number: (_____) _____ Fax: (_____) _____

Contact Person & Email: _____

Site where vaccine will be administered:

Facility name: _____

Address: _____

City & Zip: _____

Estimated number of yellow fever vaccinations to be administered to international travelers per year: []

Physicians must administer 20 or more doses of yellow fever vaccine annually to retain designation as an authorized yellow fever provider, unless the vaccine is provided in an underserved area.

There is a \$25.00 annual fee to stamp holders. Please allow 6-8 weeks for processing.

I understand that the Stamp is the property of the Department of State Health Services (DSHS). I agree to: (1) return the stamp upon request to DSHS, (2) keep the stamp in a safe place, (3) not loan the stamp to other individuals, (4) use the stamp only for International Certificates of Vaccination issued by me, (5) report immediately to DSHS if the stamp is lost or stolen, (6) use the International Certificate of Vaccination and administer vaccine in accordance with policies, requirements, and recommendations of the United States Public Health Service, (7) obtain prior approval from DSHS, Immunization Branch at (512) 458-7111 extension 6069, before administering yellow fever vaccine at any site other than that designated on this application, (8) submit the Annual Summary Form and renewal fee each year, (9) relinquish my stamp to DSHS if I administer fewer than 20 doses of yellow fever vaccine annually. My signature below acknowledges my agreement with the above statement.

(Signature of Applying Physician)

(Date)

Yellow Fever Vaccination Stamp Number: 42 - - Impression of Stamp:
Date Approved: Approved by:
FOR OFFICIAL DSHS USE ONLY