



Yellow Fever Uniform Stamp Application

Eligibility:

- Licensed physician
- Pharmacist with a valid immunization administration certification

Point of Contact Information		
Full Name:		
Position Title:		
Email:		
Phone:		

Provider Information		
Full Name:		
Professional License Number:		
Email:		
Phone:		

Clinic Information		
Clinic Name:		
Vaccine Delivery Address:		
Street:		
City:	State:	ZIP Code:
Phone:	Ext:	
FAX:		
Web Address:		

Mailing Address		
<input type="checkbox"/> Same as above		
Street:		
City:	State:	ZIP Code:



Yellow Fever Uniform Stamp Application

I hereby apply to the Florida Department of Health Immunization Section for a Yellow Fever Uniform Stamp (Uniform Stamp) and I agree to the following:

1. The licensed physician or pharmacist with a valid immunization administration certification to whom a Uniform Stamp is issued for authentication of International Certificates of Vaccination or Prophylaxis (ICVP) should be fully knowledgeable concerning the procedures necessary for issuing a valid document. These procedures are described in the Centers for Disease Control and Prevention (CDC) annually updated book, *Health Information for International Travel* (Yellow Book): wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/yellow-fever.
2. Once the yellow fever vaccine has been administered, traveler and vaccine dose information must be entered in the Florida SHOTS centralized online immunization registry within seven days. You may visit flshots.com/ for more information.
3. The Uniform Stamp should be used to validate only those certificates issued by a licensed physician or pharmacist with a valid immunization administration certification.
4. The Uniform Stamp should be kept in a safe place when not in use and must not be loaned to any other person.
5. Notify the Florida Department of Health Immunization Section immediately if the Uniform Stamp holder's address changes, if the Uniform Stamp holder is no longer providing this service or if the Uniform Stamp is lost or stolen. Submit the Change of Address Form found here: FloridaHealth.gov/programs-and-services/immunization/yellow-fever-vaccine-provider/index.html
6. A current ICVP will be provided for each vaccine administered.
7. Reports of any serious vaccine adverse events must be made promptly in the Vaccine Adverse Events Reporting System (VAERS). Serious adverse events are those that require a health care visit within 30 days of the vaccination(s).
8. The Foreign Quarantine Program will sample travelers' ICVP periodically at ports of entry. Improperly authenticated certificates bearing the Uniform Stamp will be returned to the health center of the state in which they were issued.

Provider Signature

Date