



## Yellow Fever Application/Uniform Stamp Agreement

### Eligibility:

Licensed Physician:  MD  DO

Pharmacist with Valid Immunization Administration Certification:  Rph  PharmD

Provider Information	
Full Name:	
Professional License Number:	
E-mail:	
Phone:	

Clinic Information			
Clinic Name:			
Vaccine Delivery Address			
Street:		Suite:	
City:	State:	Zip Code:	
Phone:	Ext:		
Fax:			
Web Address:			

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

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

1. The licensed physician, or pharmacist with a valid immunization administration certification to whom a stamp is issued for authentication of International Certificates of Vaccination (ICV) should be fully knowledgeable concerning the procedures necessary for issuing a valid document.



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These procedures are described in the Centers for Disease Control (CDC) annually updated booklet, *Health Information for International Travel* (Yellow Book).

2. Once the Yellow Fever vaccine has been administered, patient and vaccine dose information should be entered in the Florida SHOTS centralized online immunization registry within 14 days. You may visit <http://www.flshots.com/> for information on how to enroll.
3. The Yellow Fever 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 stamp holder’s address changes; if the stamp holder is no longer providing this service; or if the stamp is lost or stolen. Call 850-245-4342 to report any changes.
6. A current ICV will be provided for each vaccine.
7. Reports of any serious vaccine adverse events **MUST** be made promptly to 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’ ICV 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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



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### Resources

A current edition of, "Health Information for International Travel" is available on the CDC Travelers' Health website at: <http://www.cdc.gov/travel/>

FL SHOTS enrollment information:  
<http://www.flshots.com/>

For more information about VAERS, call 1-800-822-7967 or visit their website at:  
<http://www.vaers.hhs.gov/>