

**New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369
Trenton, NJ 08625-0369**

**YELLOW FEVER VACCINE PROGRAM
CHANGE NOTIFICATION**

This form is used to notify the Vaccine Preventable Disease Program of any changes to the information on record for the Uniform Stamp Holder, the Designated Vaccination Center, or the Vaccine Coordinator.

UNIFORM STAMP HOLDER REQUESTING CHANGES			
Full Name of Responsible Physician (Stamp Holder)			
NEW Mailing Address			Medical License Number
City	State	Zip Code	NEW Phone
NEW Physical Address			NEW Email Address
City	State	Zip Code	
Uniform Stamp Number		Effective Date of Change	
DESIGNATED YELLOW FEVER VACCINATION CENTER			
NEW Legal Name of Designated Facility			
NEW Mailing Address			
City		State	Zip Code
NEW Phone	Fax	NEW Email Address	
NEW Shipping Address			
City		State	Zip Code
NEW Phone	Fax	NEW Email Address	
DESIGNATED YELLOW FEVER COORDINATOR			
Name of Coordinator			
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse		<input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant	
		New Jersey Professional Board License/Certificate	
Position			
Mailing Address			
City		State	Zip Code
Phone	Fax	Email Address	

* To designate additional facilities that are under the jurisdiction of the responsible Physician (Uniform Stamp Holder) to administer Yellow Fever Vaccine, please complete the Designation of Additional Yellow Fever Vaccination Centers form located on the Yellow Fever Program webpage at: <http://www.nj.gov/health/cd/yfever/yfvp.shtml>.

* Forms must be mailed to the New Jersey Department of Health, Vaccine Preventable Disease Program at the address above, faxed to the Vaccine Preventable Disease Program, Attention: Yellow Fever Vaccine Program at 609-826-4866, or emailed to YF.Vaccine@doh.state.nj.us. Include a transcript with scores for the CDC Yellow Fever Vaccine Course for any new pertinent staff (including those not listed on this form).

SIGNATURE OF RESPONSIBLE PHYSICIAN	
Signature of Responsible Physician	Date

Stamps are issued to the Uniform Stamp Holder/prescribing physician and will remain under the jurisdiction of that person.