

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

**DESIGNATION OF ADDITIONAL  
YELLOW FEVER VACCINATION CENTERS**

*This form is used to designate an additional facility under the jurisdiction of the Uniform Stamp Holder to administer Yellow Fever vaccine.*

<b>UNIFORM STAMP HOLDER REQUESTING ADDITIONAL VACCINATION CENTER</b>			
Full Name of Responsible Physician (Stamp Holder)			
Mailing Address			Medical License Number
City	State	Zip Code	Phone
Physical Address			Email Address
City	State	Zip Code	
Uniform Stamp Number		Effective Date of Change	
<b>DESIGNATED YELLOW FEVER VACCINATION CENTER</b>			
Legal Name of Designated Facility			
Mailing Address			
City		State	Zip Code
Phone	Fax	Email Address	
Shipping Address			
City		State	Zip Code
Phone	Fax	Email Address	
<b>DESIGNATED YELLOW FEVER COORDINATOR</b>			
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	

\* 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.nj.gov](mailto:yf.vaccine@doh.nj.gov). Include a transcript with scores for the CDC Yellow Fever Vaccine Course for any new pertinent staff (including those not listed on this form).

<b>SIGNATURE OF RESPONSIBLE PHYSICIAN</b>	
Signature of Responsible Physician	Date

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