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| **New Jersey Department of Health**Vaccine Preventable Disease ProgramP.O. Box 369**Trenton, NJ 08625-0369** | Yellow Fever Vaccine ProgramCHANGE 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.

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| **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 | | | | | | |
| Physician  Pharmacist  Nurse  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://nj.gov/health/cd/topics/yfever.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.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).

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| **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.*