



OFFICE USE ONLY	<input type="checkbox"/> Renewed
	<input type="checkbox"/> Denied

Uniform Stamp: Recertification Form

Facility Name:		Clinic Hours:	Cost of administration fee:	Physicians DEA #:	
Name-Last		First	MI	NC Medical License Number (Physician Only)	
Current Mailing Address		City	County	State	Zip Code
Office Phone Number	Fax	Email Address			
Facility Shipping Address		City	County	State	Zip Code

Please answer the following questions:

Did you experience any vaccine loss due to expiration or storage over the past 12 month period? If so, please explain.

Number of doses administered over the past year?	Did you report any adverse reactions to the yellow fever vaccine in VAERS for this past year? If so, how many?	Would you like your site added to CDC's U.S. Yellow Fever Vaccination Center Registry?
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I certify the above information is accurate, and understand that the Uniform Stamp of North Carolina is non-transferrable and is the property of the State of North Carolina, Division of Public Health, and is subject to recall at the discretion of the Division.

Physician Signature	Date
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