



OFFICE USE ONLY	Approved
	Denied
	1st Replacement
	2nd Replacement

Uniform Stamp: Request for Replacement

Name - Last		First	MI	CA Medical License Number (Physician Only)	
Current Mailing Address		City	County	State	Zip Code
Office Phone Number	Other Phone Number	Fax	Email Address		
Year original stamp was received:					

Reason for requesting new stamp (please check one): *You may have your uniform stamp replaced only 2 times after the original or recertification date of the stamp.*

Lost	Damaged: Please return damaged stamp with the application.
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Applicant Signature	Date
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Impression of Stamp:

Please Return To:

Yellow Fever Vaccine Program
 California Department of Public Health
 Immunization Branch
 850 Marina Bay Parkway, Bldg. P
 Richmond, CA 94804