



OFFICE USE ONLY	Renewed
	Denied
	Notice of Renewal Sent

Uniform Stamp: Renewal Form

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		
Employer Address		City	County	State	Zip Code

Please answer the following questions:

Did you experience any vaccine loss due to expiration, or storage? If so, please explain.

Did you report any adverse reactions to the yellow fever vaccine in VAERS for this year?

I certify the above information is accurate, and I understand that the Uniform Stamp of California is the property of the State of California, Department of Public Health, and is subject to recall at the discretion of the Department.

Physician Signature	Date
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