



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

Karen Remley, MD, MBA, FAAP
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR
1-800-828-1120

Yellow Fever Vaccination Site Request

Name of Doctor: _____
(Please Print)

Name of Clinic: _____

Shipping Address: _____

Billing Address: _____

City or County where site is located: _____

Phone: _____ **Fax:** _____

Virginia State Medical License No.: _____
(Will be used on Yellow Fever Stamp)

E-Mail: _____ **Website:** _____

Can this location be listed on the Internet for the general public? (circle one) **Yes** **No**

Please mail or fax form to:

Virginia Department of Health
Division of Immunization
Attn: Marie Krauss
P.O. Box 2448, Room 314 West
Richmond, Virginia 23218
PHONE: (804) 864-8055
FAX: (804) 864-8089
E-MAIL: marie.krauss@vdh.virginia.gov

Please Note: It will take approximately 3 weeks to receive your stamp and ordering information.