



COMMONWEALTH of VIRGINIA  
*Department of Health*

**Yellow Fever Vaccination Site Address Change**

Name of Medical Provider: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Old Address: \_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

**Please Complete Only Information That Has Changed**

Billing Address: \_\_\_\_\_

City or County Where Site Is Located: \_\_\_\_\_

Phone: \_\_\_\_\_; Fax: \_\_\_\_\_

Virginia State Medical License Number: \_\_\_\_\_

Email: \_\_\_\_\_; Web Site: \_\_\_\_\_

Can this location be listed on the Internet for the public (Circle One)?      Yes                  No

Please scan and return this form to [Richard.Bradley@vdh.virginia.gov](mailto:Richard.Bradley@vdh.virginia.gov). If unable to scan,  
fax to 804-864-8089

**Note: Allow 3 to 5 weeks processing time.**