



Uniform Stamp Application			
Name (last) (first) (middle initial)		Please Check one	ID Medical License Number (Physicians Only)
		<input type="checkbox"/> New Applicant <input type="checkbox"/> Recertification	
Employer Name (if not- self employed)			
Employer Address	City	State	Zip code
Office Phone Number	Other Phone Number		Fax
Email Address			
Please indicate the services that you expect to provide (check all that apply): <input type="checkbox"/> Other travel vaccinations (i.e., typhoid, hepatitis) <input type="checkbox"/> Malaria prophylaxis <input type="checkbox"/> Advice only for malaria prevention <input type="checkbox"/> Prevention of traveler's diarrhea <input type="checkbox"/> Counseling for travel risks <input type="checkbox"/> Post-travel evaluation <input type="checkbox"/> Full medical practice			
<i>I agree to comply with all guidelines established by the State of Idaho Department of Health and Welfare's Idaho Immunization Program pertaining to the use of the State Uniform Stamp. I understand that the stamp remains the property of the Idaho Department of Health and Welfare's Idaho Immunization Program and is subject to recall at the discretion of the program.</i>			
Signature of Applicant		Date	
IIP OFFICE USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
Date Received		Date Stamped	
Impression of Current Stamp		Please Mail to:	
		Yellow Fever Vaccine Program Idaho Immunization Program 450 West State Street 4th Floor Boise, ID 83720	