

UNIFORM STAMP AGREEMENT

Applicant: _____

Eligibility: Physician
 Physicians Assistant
 Nurse Practitioner (with prescription-writing privileges)
 Certified Immunizing Pharmacist

Agency (if applicable): _____

Address: _____

City: _____ ZIP: _____

Telephone: (____) _____ FAX: (____) _____

Email Address: _____

I (we) hereby apply to the Oregon State Public Health Division for a Uniform Stamp, and agree to the following control measures and requirements.

1. The physician, physician's assistant, nurse practitioner (with prescription writing privileges), or certified immunizing pharmacist to whom a Stamp is issued for authentication of International Certificates of Vaccination should be fully knowledgeable concerning the procedures necessary for issuing a valid document. These procedures are described in the annually updated booklet, "Health Information For International Travel."

2. The Immunization Certified Pharmacist should complete the APhA's "Strategies for Implementing a Pharmacy-Based Travel Health and Vaccine Service" course, (<http://www.pharmacist.com>) or other approved Pharmacy Board course and attach a copy of their certification of completion to this application.

3. The Uniform Stamp should be used to validate only those Certificates issued by a licensed physician, physician's assistant, nurse practitioner with prescription writing privileges, or certified immunizing pharmacist.

4. The Stamp should be kept in a safe place when not in use, and must not be loaned to any other person.

5. Notify the Oregon Immunization Program of the State Public Health Division, immediately, if: the stamp holder's address changes; if the stamp holder is no longer providing this service; or if the stamp is lost or stolen. Call 971-673-0300 to report any changes.

6. Continued possession of the Stamp, and continued need for its possession will be re-established annually by completing a questionnaire from State Public Health Division. Completion of the questionnaire is required.

7. A current Certificate of Vaccination will be provided to each vaccinee.

8. Reports of any serious vaccine adverse events must be made promptly to the Vaccine Adverse Events Reporting System (VAERS). Serious adverse events are those that require a health care visit within 30 days of the vaccination(s).

9. The Foreign Quarantine Program will sample travelers' International Certificates of Vaccination periodically at ports of entry. Improperly authenticated Certificates bearing the Uniform Stamp will be returned to the Health Center of the State in which they were issued.

Applicant's Signature

Date

Oregon Medical/Pharmacy
License#

Resources:

A current edition of the booklet, "Health Information for International Travel" is available from Elsevier Publishing, 1-800- 545-2522. Ask for ISBN #0323048854, or visit their website at: <http://www.us.elsevierhealth.com>. This information is also available on the CDC Travelers' Health website at: <http://wwwn.cdc.gov/travel/>

International Certificate of Vaccination are available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402, 1-865-512-1800, Stock # 017-001-00567-3 (per 25); Stock # 017-001-00566-5 (per 100) or visit their website at: <http://bookstore.gpo.gov/>

For more information about VAERS, call 800-822-7967 or visit their website at: <http://www.vaers.hhs.gov/>

The American Pharmacist Association, "Strategies for Implementing a Pharmacy-Based Travel Health and Vaccine Service" can be located by visiting their website at: <http://www.pharmacist.com>

The American Society of Tropical Medicine and Hygiene at: <http://www.astmh.org>

OREGON PUBLIC HEALTH DIVISION USE ONLY	STAMP IMPRESSION
Stamp Ordered _____ Stamp Sent _____ (Date) (Date)	
Yellow Fever Center: No ___ Yes ___ When _____ (Date)	
Approved by _____ Pharmacist cc: Applicant _____ Course Certification _____ Quarantine Division, CDC _____ Date _____ County Health Department	

State of Oregon – STATE PUBLIC HEALTH DIVISION

53-123 (02/08)

<http://www.oregon.gov/DHS/ph/imm/index.shtml>

To request this material in an alternate format (e.g., Braille), call (971) 673-0300.