

Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: (____) _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
 Signature: _____ Date: _____

 Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

| Vaccine | Date Given | Doctor / Clinic / Source |
|---|------------|--------------------------|
| Diphtheria, Tetanus, Pertussis <i>DTaP/DT/DTp</i> | | |
| Polio <i>IPV/OPV</i> | | |
| Measles, Mumps, Rubella <i>MMR</i> | | |
| Haemophilus influenzae type b <i>Hib</i> | | |
| Hepatitis B | | |
| Varicella Chicken Pox If applicant has a history of natural disease write "Immune to Varicella" | | |
| Pneumococcal <i>PCV/PPV</i> | | |

| Vaccine | Date Given | Doctor / Clinic / Source |
|-------------------------------------|------------|--------------------------|
| Meningococcal <i>MCV4/MPSV4</i> | | |
| Hepatitis A | | |
| Rotavirus | | |
| Human Papilloma Virus <i>HPV</i> | | |
| Other | | |

Licensed Child Care Requirements

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| <p>4 through 5 months 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib</p> <p>5 through 11 months 2 doses Pneumococcal 2 doses Polio 2 doses Hib</p> <p>12 through 18 months 3 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib or 1 dose received at > 15 months of age.</p> <p>3 doses Pneumococcal if received 1 or 2 doses < 12 months of age; or received 1 dose > 12 months of age or has not received the vaccine before.</p> | <p>19 through 23 months 4 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose in the series > 12 months of age, or 1 dose received > 15 months of age.</p> <p>1 dose Measles/Rubella > 12 months of age, on a reliable history of natural disease, or received 1 dose > 12 months of age or has not received this vaccine before.</p> <p>4 doses < 12 months of age; or 2 doses if received 1 dose > 12 months of age or has not received this vaccine before.</p> <p>24 months and older Same requirements as the 19-23 months except 4 doses Pneumococcal if received 3 doses < 12 months of age; or 3 doses if received 2 doses < 12 months of age; or 2 doses if received 1 dose < 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age.</p> |
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Elementary/Secondary School Requirements

4 years of age and older
 3 doses Diphtheria/Tetanus/Pertussis, with at least 1 dose received > 3 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received > 3 years of age if born after September 15, 2000, but before September 15, 2003; or 3 doses, with 1 dose received > 4 years of age if born on or after September 15, 2003.
 4 doses Polio with 1 dose received > 4 years of age if born on or after September 15, 2003; or 3 doses, with 1 dose received > 4 years of age if born on or before September 15, 2003.
 2 doses Measles/Rubella; the first dose shall have been received > 12 months of age; the second dose shall have been received > 28 days after the first.
 3 doses Hepatitis B if born on or after July 1, 1954.
 2 doses Varicella > 12 months of age if born on or after September 15, 2003; or 1 dose received > 12 months of age if born on or after September 15, 1987, but before September 15, 2003, unless the applicant has a reliable history of natural disease.