

# 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
<b>Diphtheria, Tetanus, Pertussis</b> <i>DTaP/DTP/DT/Td/Tdap</i>			
<b>Polio</b> <i>IPV/OPV</i>			
<b>Measles, Mumps, Rubella</b> <i>MMR</i>			
<b>Haemophilus influenzae type b</b> <i>Hib</i>			
<b>Hepatitis B</b>			
<b>Varicella</b> Chicken Pox If applicant has a history of natural disease write "Immune to Varicella"			
<b>Pneumococcal</b> <i>PCV/PPV</i>			

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

Licensed Child Care Requirements	
<p><b>4 through 5 months</b>            1 dose Diphtheria/Tetanus/Pertussis            1 dose Polio            1 dose Hib            1 dose Pneumococcal</p> <p><b>6 through 11 months</b>            2 doses Diphtheria/Tetanus/Pertussis            2 doses Polio            2 doses Hib            2 doses Pneumococcal</p> <p><b>12 through 18 months</b>            3 doses Diphtheria/Tetanus/Pertussis            2 doses Polio            2 doses Hib or 1 dose received at ≥ 15 months of age.            3 doses Pneumococcal if received 1 or 2 doses &lt; 12 months of age; or 2 doses if received 1 dose ≥ 12 months of age or has not received this vaccine before.</p>	<p><b>19 through 23 months</b>            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.            1 dose Measles/Rubella ≥ 12 months of age.            1 dose Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease.            4 doses Pneumococcal; or 3 doses if received 1 or 2 doses &lt; 12 months of age; or 2 doses if received 1 dose ≥ 12 months of age or has not received this vaccine before.</p> <p><b>24 months and older</b>            Same requirements as the 19-23 months except 4 doses Pneumococcal if received 3 doses &lt; 12 months of age; or 3 doses if received 2 doses &lt; 12 months of age; or 2 doses if received 1 dose &lt; 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>
Elementary/Secondary School Requirements	
<p><b>4 years of age and older</b>            5 doses Diphtheria/Tetanus/Pertussis with at least 1 dose received ≥ 4 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received ≥ 4 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 before September 15, 2000.            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, 1994.            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, 1997, but before September 15, 2003, unless the applicant has a reliable history of natural disease.</p>	