

Iowa Department of Public Health Certificate of Immunization

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

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 (Td/Tdap)		
Polio (IPV/OPV)		
Measles, Mumps, Rubella (MMR)		
Haemophilus influenzae type b (Hib)		
Hepatitis B		
Varicella (Chicken Pox) if patient has a history of natural disease write Immune to Varicella*		
Pneumococcal (PCV/PPV)		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal (MCV4/MPSV4)		
Hepatitis A		
Rotavirus		
Human Papilloma Virus (HPV)		
Other		

Licensed Child Care Requirements

<p>4 through 5 months 1 dose D/T/P 1 dose Polio 1 dose Hib 1 dose Pneumococcal</p> <p>6 through 11 months 2 doses D/T/P 2 doses Polio 2 doses Hib Pneumococcal</p>	<p>12 through 18 months 3 doses D/T/P 2 doses Polio 2 doses Hib or 1 dose received at 2-15 months of age Pneumococcal if received 1 or 2 doses < 12 months of age; or 2 doses if has not received any previous doses; or received 1 dose < 12 months of age</p>	<p>19 through 23 months 4 doses D/T/P 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 Measles/Rubella > 12 months of age Varicella > 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease Pneumococcal; or 3 doses if received 1 or 2 doses < 12 months of age; or 2 doses if not received any previous doses 1 dose > 12 months of age</p>
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24 months and older
 same requirements as the 19-23 months Except Pneumococcal, 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.

Elementary/Secondary School Requirements

4 years of age and older:
 5 doses Diphtheria/Tetanus/Pertussis with 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 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 born before September 15, 2003, unless the applicant has a reliable history of natural disease.