

Immunisations obligatoires pour les élèves de Kindergarten

**Tous les élèves de Kindergarten (jardin d'enfants)
doivent fournir leur dossier médical avant ou le premier jour d'école.**

La loi dans l'état de l'Iowa exige que tous les élèves de Kindergarten aient reçu au moins le minimum d'immunisations requises avant d'être admis dans l'école. Un dossier de ces immunisations doit être fourni et enregistré dans l'école de votre enfant. Les autres immunisations obligatoires doivent être données dans les prochains 60 jours à partir du premier jour à l'école. Si ces immunisations ne sont pas données pour raisons médicales ou religieuses, il vous faudra remplir le formulaire d'exemption d'immunisation "*Immunization Exemption Form*".

Résumé des vaccinations obligatoires *MINIMUM* pour inscription à l'école

1. Un vaccin *DPT* ou *DTaP* (Diphtérie, Coqueluche, Tetanos)
2. Un vaccin Polio
3. Un vaccin *Measles-Rubella* Rougeole-rubéole doit être donné après l'âge de douze mois.
4. Un vaccin *Hepatitis B* Hépatite B si l'enfant est né(e) après le 1er juillet 1994.
5. Un vaccin *Varicella (Chicken Pox)* Varicelle si né(e) le ou après le 15 septembre 1997 ; Ce vaccin doit être donné à l'âge de douze mois ou ensuite, ou un antécédent fiable de maladie naturelle doit être présenté.

Résumé DES VACCINATIONS COMPLETES OBLIGATOIRES dans l'état de l'Iowa pour inscription à l'école

1. *Diphtheria-Tetanus-Pertussis (DPT ou DTaP)* Diphtérie-Coqueluche-Tétanos
 - 5 doses requises si l'enfant est né(e) le ou après le 15 septembre 2003, avec au moins une dose donnée le ou après le quatrième anniversaire de l'enfant ;
 - ou
 - 4 doses requises si né(e) avant le 15 septembre 2003, avec au moins une dose donnée le ou après le quatrième anniversaire de l'enfant.
2. Polio
 - 4 doses requises si l'enfant est né(e) le ou après le 15 septembre 2003, avec au moins une dose donnée après l'âge de quatre ans.
 - 3 doses requises si né(e) avant septembre 2003, avec au moins une dose donnée le ou après le quatrième anniversaire de l'enfant.
3. *Measles-Rubella* Rougeole-Rubéole
 - 2 doses, avec la première dose donnée après l'âge de 12 mois et la deuxième dose donnée pas moins de 28 jours après la première dose.
4. *Hepatitis B* Hépatite B
 - 3 doses requises si né(e) le ou après le premier juillet 1994.
5. *Varicella (Chicken Pox)* Varicelle
 - 1 dose à l'âge de 12 mois ou après si né(e) le ou après le 15 septembre 1997, mais avant le 15 septembre 2003, sauf si l'enfant a un antécédent fiable de maladie naturelle ;
 - ou
 - 2 doses à l'âge de douze mois ou après si né(e) le ou après le 15 septembre 2003, sauf si l'enfant a un antécédent fiable de maladie naturelle.

Les immunisations peuvent être données par votre médecin, par le Service de santé du comté Johnson "Johnson County Department of Health" (téléphone - 356 60 45) et par la clinique de santé scolaire "Healthy Kids Community Care Health Clinic" dans votre école (téléphone - 631-3204). Si vous avez des questions, veuillez contacter le personnel des services de santé des écoles au "Iowa City Community School District Health Services au téléphone - 688-1000.



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 DTaP/DTP/DT/ Td/Tdap			
Polio IPV/OPV			
Measles, Mumps, Rubella MMR			
<i>Haemophilus influenzae</i> type b Hib			
Hepatitis B			

	Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"			
Pneumococcal PCV/PPV			
Meningococcal MCV4/MPSV4			
Hepatitis A			
Rotavirus			
Human Papilloma Virus HPV			
Other			

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
Pneumococcal		4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 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. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
Measles/Rubella ¹		1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{4, 5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 ^{2, 3} ; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio ⁷	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁶
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

³ The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁷ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.