

## ***Mahitaji ya Chanjo kwa Wanafunzi wa Chekechea***

**Lazima wanafunzi wote wa chekechea wawe na rekodi za chanjo kwenye faili kufikia siku ya kwanza ya kuwa shuleni.**

Sheria ya Jimbo la Iowa inahitaji wanafunzi wote wa chekechea kutimiza angalau mahitaji ya chini zaidi ya chanjo kabla hawajaruhusiwa kuenda shuleni. Lazima rekodi ya chanjo hizi iwe kwenye faili katika shule ya mtoto wako. Lazima mahitaji ya chanjo ya jimbo inayosalia yatimizwe siku 60 baada ya shulea kuanza. Ikiwa chanjo hazitatolewa kwa ajili ya sababu za matibabu au dini, fomu iliyojazwa ya Kutohitaji Chanjo inahitajika.

### Muhtasari wa mahitaji ya **CHINI ZAIDI** ili kujisajili shuleni

1. Chanjo ya One DPT au DTaP (Diphtheria, Pertussis, Pepopunda)
2. Chanjo ya One Polio
3. Lazima chanjo ya One Measles-Rubella ipewe baada ya umri wa miezi 12
4. Chanjo ya One Hepatitis B ikiwa alizaliwa mnamo au baada ya tarehe 1 Julai, 1994
5. Chanjo ya Varicella (tetekuwanga) ikiwa alizaliwa mnamo au baada ya tarehe 15 Septemba, 1997; lazima apewe mnamo au baada ya umri wa miezi 12 au kuwa na historia ya kuaminika ya ugonjwa wa asili

### Muhtasari wa mahitaji **KAMILI** ya chanjo ya jimbo kwa ajili ya kuingia shuleni

1. Diphtheria-Tetanus-Pertussis (DTP au DTaP)
  - Dozi 5 zinahitajika ikiwa alizaliwa mnamo au baada ya tarehe 15 Septemba, 2003, na angalau dozi moja kupewa mnamo au baada ya umri wa miaka minne ya mtoto; au
  - Dozi 4 zinahitajika ikiwa alizaliwa kabla ya tarehe 15 Septemba, 2003, na angalau dozi moja kupewa mnamo au baada ya umri wa miaka minne ya mtoto.
2. Polio
  - Dozi 4 zinahitajika ikiwa alizaliwa kabla ya tarehe 15 Septemba, 2003, na angalau dozi moja kupewa mnamo au baada ya umri wa miaka minne ya mtoto
  - Dozi 3 zinahitajika ikiwa alizaliwa kabla ya Septemba, 2003, na angalau dozi moja kupewa mnamo au baada ya umri wa miaka minne ya mtoto.
3. Ukambi-Rubella
  - Dozi 2, huku ya kwanza akipewa mnamo au baada ya umri wa miezi 12 na dozi ya pili kupewa si chini ya siku 28 baada ya dozi ya kwanza.
4. Homa ya Manjano B
  - Dozi 3 zinahitajika ikiwa alizaliwa mnamo au baada ya tarehe 1 Julai, 1994.
5. Varicella (tetekuwanga)
  - Dozi 1 mnano au baada ya umri wa miezi 12 ikiwa alizaliwa mnamo au baada ya tarehe 15 Septemba, 1997, lakini kabla ya tarehe 15 Septemba, 2003, isipokuwa mtoto awe na historia ya kuaminika ya ugonjwa wa asili; au
  - Dozi 2 mnano au baada ya umri wa miezi 12 ikiwa alizaliwa mnamo au baada ya tarehe 15 Septemba, 2003, isipokuwa mtoto awe na historia ya kuaminika ya ugonjwa wa asili.

*Chanjo zinapatikana kutoka kwa mtoto huduma wako afya wa msingi, the Johnson County Department of Public Health (nambari ya simu - 356-6045), na kliniki ya afya ya shule ya Healthy Kids Community Care (nambari ya simu - 631-3204). Tafadhali wasiliana na mfanyakazi wa Iowa City Community School District Health Services ukiwa na maswali (nambari ya simu - 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
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/DT/ Td/Tdap			

<b>Polio</b> IPV/OPV			

<b>Measles, Mumps, Rubella</b> MMR			

<b><i>Haemophilus influenzae</i> type b</b> Hib			

<b>Hepatitis B</b>			

	Vaccine	Date Given	Doctor / Clinic / Source
<b>Varicella</b> Chicken Pox If patient has a history of natural disease write "Immune to Varicella"			

<b>Pneumococcal</b> PCV/PPV			

<b>Meningococcal</b> MCV4/MPSV4			

<b>Hepatitis A</b>			

<b>Rotavirus</b>			

<b>Human Papilloma Virus</b> HPV			

<b>Other</b>			

# 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. <b>Routine vaccination begins at 2 months of age.</b>
	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 <sup>1</sup>	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. <b>Pneumococcal vaccine is not indicated for persons 60 months of age or older.</b>	
Measles/Rubella <sup>1</sup>		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 <sup>4, 5</sup>	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 <sup>2</sup> ; 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 <sup>2</sup> ; 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 <sup>2, 3</sup> ; 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 <sup>7</sup>	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. <sup>6</sup>
		Measles/Rubella <sup>1</sup>	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. <sup>8</sup>

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

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

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

<sup>4</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> 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.

<sup>5</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> 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.

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

<sup>7</sup> 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.

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