

متطلبات التطعيم لطلاب رياض الأطفال

يجب أن يكون لجميع طلاب رياض الأطفال سجلات التطعيم
على الملف قبل اليوم الأول من المدرسة.

تطلب قانون ولاية أيوا أن يلتقي

جميع طلاب رياض الأطفال على الأقل بالحد الأدنى من متطلبات التطعيم قبل السماح لهم بالالتحاق بالمدرسة. يجب أن يكون سجل هذه التطعيمات في ملف في مدرسة طفلك. ويجب الوفاء بمتطلبات التطعيم الحكومية المتبقية بعد 60 يوما من بدء المدرسة. إذا لم يتم إعطاء التحصينات لأسباب طبية أو دينية، يلزم استيفاء نموذج الإعفاء من التطعيم.

ملخص الحد الأدنى من متطلبات الالتحاق بالمدرسة

1. لقاح واحد دبت أو دتاب (الدفتيريا والسعال الديكي والكزاز)

2. لقاح شلل الأطفال

3. يجب إعطاء لقاح الحصبة والحصبة الألمانية بعد 12 شهرا من العمر .

4. لقاح التهاب الكبد البائي إذا ولد في 1 تموز / يولييه 1994 أو بعده

5. لقاح الحمير (جدري الماء) إذا ولد في أو بعد 15 سبتمبر 1997؛ يجب أن تعطى في أو بعد 12 شهرا من العمر أو كان لها تاريخ موثوق بها من الأمراض الطبيعية.

ملخص المتطلبات الكاملة للتطعيم من أجل دخول المدرسة

الخنق والكزاز والسعال الديكي (دتب أو دتاب)

5 جرعات مطلوبة إذا ولد في أو بعد 15 سبتمبر 2003، مع جرعة واحدة على الأقل تعطى في أو بعد عيد ميلاد الطفل الرابع؛ أو

4 جرعات مطلوبة إذا ولد قبل 15 سبتمبر 2003، مع جرعة واحدة على الأقل تعطى في أو بعد عيد ميلاد الطفل الرابع.

2. شلل الأطفال .

- 4 جرعات مطلوبة إذا ولد في أو بعد 15 سبتمبر 2003، مع جرعة واحدة على الأقل تعطى في أو بعد أربع سنوات من العمر؛ أو
- 3 جرعات مطلوبة إذا ولد قبل أيلول / سبتمبر 2003، مع جرعة واحدة على الأقل تعطى في أو بعد عيد ميلاد الطفل الرابع.

3 الحصبة الحصبة الألمانية.

- جرعتين، مع إعطاء الجرعة الأولى في أو بعد 12 شهرا من العمر، والجرعة الثانية تعطى ما لا يقل عن 28. يوما بعد الجرعة الأولى

B.4 التهاب الكبد

3. جرعات مطلوبة إذا ولد في أو بعد 1 يوليو 1994

5. الحماق (جدري الماء)

- 1 جرعة أو بعد 12 شهرا من العمر إذا ولد في أو بعد 15 سبتمبر 1997، ولكن من قبل سبتمبر 2003، إلا إذا كان الطفل لديه تاريخ موثوق بها من الأمراض الطبيعية. أو 15
- جرعتان على أو بعد 12 شهرا من العمر إذا ولد في أو بعد 15 سبتمبر 2003، إلا إذا كان الطفل لديه تاريخ موثوق بها من المرض الطبيعي.

توفر التطعيمات من مقدم الرعاية الصحية الأولية التابع لك، وإدارة الصحة العامة في مقاطعة جونسون (رقم الهاتف - 356-6045)، والعيادة الصحية التابعة لمؤسسة الرعاية الصحية المجتمعية (رقم الهاتف 3204-631). يرجى الاتصال بموظفي الخدمات الصحية في مقاطعة إيوا سيتي المجتمعية

مع الأسئلة (رقم الهاتف - 1000-688)



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 type b</i> 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.