

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 DTaP/DTP/DTI 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

4 through 5 months 1 dose D/T/P 1 dose Polio 1 dose Hib 1 dose Pneumococcal	12 through 18 months 3 doses D/T/P 2 doses Polio 2 doses Hib 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	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	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 has not been received prior to 24 months of age.
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Elementary/Secondary School Requirements

4 years of age and older 5 doses 4 doses Polio 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 before September 15, 2003, but before September 15, 2000.	5 years of age and older 4 doses 3 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.	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.	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, 1994, but before September 15, 2003, unless the applicant has a reliable history of natural disease.
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