



## 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, 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		Vaccine	Date Given	Doctor / Clinic / Source																																								
<b>Diphtheria, Tetanus, Pertussis</b> <i>DTaP/DTP/DT/Td/Tdap</i>				<b>Meningococcal</b> <i>MCV4/MPSV4</i>																																											
<b>Polio</b> <i>IPV/OPV</i>				<b>Hepatitis A</b>																																											
<b>Measles, Mumps, Rubella</b> <i>MMR</i>				<b>Other</b>																																											
<b>Haemophilus influenzae type b</b> <i>Hib</i>				<div style="text-align: center;"><b>Licensed Child Care Requirements</b></div> <table style="width: 100%; border: none;"> <tr> <td colspan="2"><b><u>2 through 5 months</u></b></td> <td colspan="2"><b><u>6 through 14 months</u></b></td> </tr> <tr> <td>1 dose</td> <td>Diphtheria/Tetanus/Pertussis</td> <td>2 doses</td> <td>Diphtheria/Tetanus/Pertussis</td> </tr> <tr> <td>1 dose</td> <td>Polio</td> <td>2 doses</td> <td>Polio</td> </tr> <tr> <td>1 dose</td> <td>Hib</td> <td>2 doses</td> <td>Hib</td> </tr> <tr> <td colspan="2"><b><u>15 through 18 months</u></b></td> <td colspan="2"><b><u>19 months and older</u></b></td> </tr> <tr> <td>3 doses</td> <td>Diphtheria/Tetanus/Pertussis</td> <td>3 doses</td> <td>Diphtheria/Tetanus/Pertussis</td> </tr> <tr> <td>3 doses</td> <td>Polio</td> <td>3 doses</td> <td>Polio</td> </tr> <tr> <td>3 doses</td> <td>Hib with the final dose <math>\geq</math> 12 months of age, or 1 dose <math>\geq</math> 15 months of age</td> <td>3 doses</td> <td>Hib with the final dose <math>\geq</math> 12 months of age, or 1 dose <math>\geq</math> 15 months of age</td> </tr> <tr> <td>1 dose</td> <td>Measles/Rubella <math>\geq</math> 12 months of age</td> <td>1 dose</td> <td>Measles/Rubella <math>\geq</math> 12 months of age</td> </tr> <tr> <td></td> <td></td> <td>1 dose</td> <td>Varicella <math>\geq</math> 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</td> </tr> </table> <div style="text-align: center; margin-top: 10px;"><b>Elementary/Secondary School Requirements</b></div> <p><b><u>4 years of age and older</u></b></p> <p>4 doses Diphtheria/Tetanus/Pertussis with 1 dose <math>\geq</math> 4 year of age; 3 doses if born before September 15, 2001; or 4 doses if born after September 15, 2001</p> <p>3 doses Polio, with 1 dose <math>\geq</math> 4 years of age</p> <p>2 doses Measles/Rubella or positive antibody test for measles and rubella. First dose <math>\geq</math> 12 months of age; second dose no less than 28 days after the first dose</p> <p>3 doses Hepatitis B if born on or after July 1, 1994</p> <p>1 dose Varicella <math>\geq</math> 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</p>				<b><u>2 through 5 months</u></b>		<b><u>6 through 14 months</u></b>		1 dose	Diphtheria/Tetanus/Pertussis	2 doses	Diphtheria/Tetanus/Pertussis	1 dose	Polio	2 doses	Polio	1 dose	Hib	2 doses	Hib	<b><u>15 through 18 months</u></b>		<b><u>19 months and older</u></b>		3 doses	Diphtheria/Tetanus/Pertussis	3 doses	Diphtheria/Tetanus/Pertussis	3 doses	Polio	3 doses	Polio	3 doses	Hib with the final dose $\geq$ 12 months of age, or 1 dose $\geq$ 15 months of age	3 doses	Hib with the final dose $\geq$ 12 months of age, or 1 dose $\geq$ 15 months of age	1 dose	Measles/Rubella $\geq$ 12 months of age	1 dose	Measles/Rubella $\geq$ 12 months of age			1 dose	Varicella $\geq$ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease
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<b>Varicella</b> Chicken Pox If applicant has a history of natural disease write "Immune to Varicella"																																															
<b>Pneumococcal</b> <i>PCV/PPV</i>																																															