

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		
Haemophilus influenzae type b Hib		
Hepatitis B		
Vaccella Chicken Pox If applicant has a history of natural disease write "Immune to Vaccella"		
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 Diphtheria/Tetanus/Pertussis
 1 dose Polio
 1 dose Hib
 1 dose Pneumococcal

6 through 14 months
 2 doses Diphtheria/Tetanus/Pertussis
 2 doses Polio
 2 doses Hib
 2 doses Pneumococcal

12 through 18 months
 3 doses Diphtheria/Tetanus/Pertussis
 2 doses Polio
 2 doses Hib or 1 dose received at ≥ 15 months of age.
 3 doses Pneumococcal if received 1 or 2 doses < 12 months of age, or 2 doses if received 1 dose ≥ 12 months of age or has not received this vaccine before.

19 through 23 months
 4 doses Diphtheria/Tetanus/Pertussis
 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.
 1 dose Measles/Rubella ≥ 12 months of age.
 1 dose Vaccella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease.
 4 doses Pneumococcal, or 3 doses if received 1 or 2 doses < 12 months of age, or 2 doses if received 1 dose ≥ 12 months of age or has not received this vaccine before.

24 months and older
 Same requirements as the 19-23 months except 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 no doses had been received prior to 24 months of age.

Elementary/Secondary School Requirements

4 years of age and older
 5 doses Diphtheria/Tetanus/Pertussis with at least 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 after September 15, 2000, but before September 15, 2003, or 3 doses with 1 dose received ≥ 4 years of age if born on or before September 15, 2003, on or before September 15, 2003, or 3 doses, with 1 dose received on or before September 15, 2003.
 2 doses 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.
 3 doses Hepatitis B if born on or after July 1, 1994.
 2 doses Vaccella ≥ 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, 1997, but before September 15, 2003, unless the applicant has a reliable history of natural disease.