



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																																								
Diphtheria, Tetanus, Pertussis <i>DTaP/DTP/DT/Td/Tdap</i>				Meningococcal <i>MCV4/MPSV4</i>																																											
Polio <i>IPV/OPV</i>				Hepatitis A																																											
Measles, Mumps, Rubella <i>MMR</i>				Other																																											
Haemophilus influenzae type b <i>Hib</i>				<div style="text-align: center;">Licensed Child Care Requirements</div> <table style="width: 100%; border: none;"> <tr> <td colspan="2"><u>2 through 5 months</u></td> <td colspan="2"><u>6 through 14 months</u></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"><u>15 through 18 months</u></td> <td colspan="2"><u>19 months and older</u></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 \geq 12 months of age, or 1 dose \geq 15 months of age</td> <td>3 doses</td><td>Hib with the final dose \geq 12 months of age, or 1 dose \geq 15 months of age</td> </tr> <tr> <td>1 dose</td><td>Measles/Rubella \geq 12 months of age</td> <td>1 dose</td><td>Measles/Rubella \geq 12 months of age</td> </tr> <tr> <td></td><td></td> <td>1 dose</td><td>Varicella \geq 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;">Elementary/Secondary School Requirements</div> <p><u>4 years of age and older</u></p> <p>4 doses Diphtheria/Tetanus/Pertussis with 1 dose \geq 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 \geq 4 years of age</p> <p>2 doses Measles/Rubella or positive antibody test for measles and rubella. First dose \geq 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 \geq 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</p>				<u>2 through 5 months</u>		<u>6 through 14 months</u>		1 dose	Diphtheria/Tetanus/Pertussis	2 doses	Diphtheria/Tetanus/Pertussis	1 dose	Polio	2 doses	Polio	1 dose	Hib	2 doses	Hib	<u>15 through 18 months</u>		<u>19 months and older</u>		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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Varicella Chicken Pox If applicant has a history of natural disease write "Immune to Varicella"																																															
Pneumococcal <i>PCV/PPV</i>																																															