



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.

Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap	Vaccine	Date Given	Doctor / Clinic / Source

Polio IPV/OPV	Vaccine	Date Given	Doctor / Clinic / Source

Measles, Mumps, Rubella MMR	Vaccine	Date Given	Doctor / Clinic / Source

Haemophilus influenzae type b Hib	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis B	Vaccine	Date Given	Doctor / Clinic / Source

Varicella Chicken Pox <i>If applicant has a history of natural disease write "Immune to Varicella"</i>	Vaccine	Date Given	Doctor / Clinic / Source

Pneumococcal PCV/PPV	Vaccine	Date Given	Doctor / Clinic / Source

Meningococcal MCV4/MPSV4	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis A	Vaccine	Date Given	Doctor / Clinic / Source

Rotavirus	Vaccine	Date Given	Doctor / Clinic / Source

Human Papilloma Virus HPV	Vaccine	Date Given	Doctor / Clinic / Source

Other	Vaccine	Date Given	Doctor / Clinic / Source

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	Routine vaccination
	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. begins at 2 months of age.		
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis Polio <i>haemophilus influenzae</i> type B Pneumococcal	1 dose 1 dose 1 dose 1 dose	
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis Polio <i>haemophilus influenzae</i> type B Pneumococcal	2 doses 2 doses 2 doses 2 doses	
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis Polio <i>haemophilus influenzae</i> type B Pneumococcal	3 doses 2 doses 2 doses 1 dose received when the applicant is 15 months of age or older. 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 Polio <i>haemophilus influenzae</i> type B Pneumococcal Measles/Rubella ¹ Varicella	4 doses 3 doses 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. 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. 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. 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 Polio <i>haemophilus influenzae</i> type B Pneumococcal Measles/Rubella ¹ Varicella	4 doses 3 doses 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. 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. 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. 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 ^{3, 4} Polio ⁶ Measles/Rubella ¹ Hepatitis B Varicella	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, 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, 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 DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus-and diphtheria-containing vaccine should be used. 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. ⁵ 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. 3 doses if the applicant was born on or after July 1, 1994. 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. ⁷	