



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 style="width: 50%; vertical-align: top;"> <u>2 through 5 months</u> 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib </td> <td style="width: 50%; vertical-align: top;"> <u>6 through 14 months</u> 2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib </td> </tr> <tr> <td style="vertical-align: top;"> <u>15 through 18 months</u> 3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose \geq 12 months of age, or 1 dose \geq 15 months of age </td> <td style="vertical-align: top;"> <u>19 months and older</u> 3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 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 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> <u>4 years of age and older</u> 4 doses Diphtheria/Tetanus/Pertussis with 1 dose \geq 4 year of age; 3 doses if born on or before September 15, 2000; or 4 doses if born after September 15, 2000 3 doses Polio, with 1 dose \geq 4 years of age 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 3 doses Hepatitis B if born on or after July 1, 1994 1 dose Varicella \geq 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease				<u>2 through 5 months</u> 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib	<u>6 through 14 months</u> 2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib	<u>15 through 18 months</u> 3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose \geq 12 months of age, or 1 dose \geq 15 months of age	<u>19 months and older</u> 3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 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 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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Hepatitis B											
Varicella Chicken Pox <small>If applicant has a history of natural disease write "Immune to Varicella"</small>											
Pneumococcal <i>PCV/PPV</i>											