



## 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: \_\_\_\_\_

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/DTPI/DIT Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus influenzae type b Hib		
Hepatitis B		
Varicella Chicken Pox If applicant has a history of natural disease write "immune to Varicella"		
Pneumococcal PCV/PPV		

  

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal MCV4/MPV4		
Hepatitis A		
Other		

  

Licensed Child Care Requirements	
<p><b>2 through 5 months</b></p> <p>1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib</p> <p><b>15 through 18 months</b></p> <p>3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose <math>\geq</math> 12 months of age, or 1 dose <math>\geq</math> 15 months of age 1 dose Measles/Rubella <math>\geq</math> 12 months of age</p>	<p><b>6 through 14 months</b></p> <p>2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib</p> <p><b>19 months and older</b></p> <p>3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose <math>\geq</math> 12 months of age, or 1 dose <math>\geq</math> 15 months of age 1 dose Measles/Rubella <math>\geq</math> 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</p>

  

**4 Years of age and older**

**Elementary/Secondary School Requirements**

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