



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 <small>DTaP/DTP/DT/Td/Tdap</small>				Meningococcal <small>MCV4/MPSV4</small>			
Polio <small>IPV/OPV</small>				Hepatitis A			
Measles, Mumps, Rubella <small>MMR</small>				Rotavirus			
Haemophilus influenzae type b <small>Hib</small>				HPV			
Hepatitis B				<p>Licensed Child Care Requirements</p> <p><u>2 through 5 months</u></p> <p>1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib</p> <p><u>6 through 14 months</u></p> <p>2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib</p> <p><u>15 through 18 months</u></p> <p>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</p> <p>1 dose Measles/Rubella \geq 12 months of age</p> <p><u>19 months and older</u></p> <p>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</p> <p>1 dose Measles/Rubella \geq 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</p> <p>Elementary/Secondary School Requirements</p> <p><u>4 years of age and older</u></p> <p>4 doses Diphtheria/Tetanus/Pertussis if born after September 15, 2000; or 3 doses if born on or before September 15, 2000. One of these doses must be received \geq 4 years of age.</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>			
Varicella <small>Chicken Pox</small> If applicant has a history of natural disease write "Immune to Varicella"							
Pneumococcal <small>PCV/PPV</small>							