



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 Assistance

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/DT/PT/DT/ Td/Tdap		
Polio IPV/OPV		
Measles, Mumps, Rubella MM/RR		
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/MPSV4		
Hepatitis A		
Other		

Licensed Child Care Requirements

- 2 through 5 months**
  - 1 dose Diphtheria/Tetanus/Pertussis
  - 1 dose Polio
  - 1 dose Hib
- 15 through 18 months**
  - 3 doses Diphtheria/Tetanus/Pertussis
  - 3 doses Polio
  - Hib with the final dose ≥ 12 months of age, or 1 dose ≥ 15 months of age
  - 1 dose Measles/Rubella ≥ 12 months of age
- 19 months and older**
  - 3 doses Diphtheria/Tetanus/Pertussis
  - 3 doses Polio
  - Hib with the final dose ≥ 12 months of age, or 1 dose ≥ 15 months of age
  - Measles/Rubella ≥ 12 months of age
  - Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease
- 4 years of age and older**
  - Elementary/Secondary School Requirements**
    - 4 doses Diphtheria/Tetanus/Pertussis with 1 dose ≥ 4 year of age; 3 doses if born before September 15, 2001, or 4 doses if born after September 15, 2001
    - Polio, with 1 dose ≥ 4 years of age
    - Measles/Rubella or positive antibody test for measles and rubella. First dose ≥ 12 months of age; second dose no less than 28 days after the first dose
    - Hepatitis B if born on or after July 1, 1994
    - Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease