

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 lowa Department of Public Health may review this certificate for survey purposes.

Diphtheria, Vaccine Tetanus, Pertussis		Date Given	Doctor / Clinic / Source		Vaccine	Date Given	Doctor / Clinic / Source
Tetanus,				Varicella			
DTaP/DTP/DT/				Chicken Pox			
Td/Tdap				If applicant has a			
				If applicant has a history of natural disease write "Immune to Varicella"			
				"Immune to Varicella"			
				Droumceseel			
				Pneumococcal PCV/PPSV			
-				_			
-				_			
				Meningococcal			
				MCV/MPSV/			
Polio				Mening B			
IPV/OPV							
-							
-							
				Hepatitis A			
Measles,							
Measles, Mumps, Rubella							
MMR				Rotavirus			
Haemonhilus							
Haemophilus influenzae							
type b –							
Hib _							
-							
				Human			
Hepatitis B				Papilloma			
				Virus HPV			
				: :: ¥			
				Other			
-							
		1					

IMMUNIZATION REQUIREMENTS

of the child is between the listed ages, 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 the child must have received the number of doses in the "Total Doses Rea uired" column

Elementary or Secondary School (K-12)						Licensed Child Care Center														of the child is betwee								
4 years of age and older					24 months of age and older				19 months through 23 months of age					וווטוונוז טו פטפ	חוטותוא טו שטפ	6 months through 11		4 months through 5 months of age			Age Less than 4 months of age							
es/rithella-containing varcine	Meningococcal (A, C, W, Y)	Varicella	Hepatitis B	Measles/Rubella ¹	Polio	Pertussis ^{4, 5}	Diphtheria/Tetanus/	Varicella	Measles/Rubella ¹	Pneumococcal	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Varicella	Measles/Rubella ¹	Pneumococcal	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Pneumococcal	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Pneumococcal	Polio haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis	haemophilus influenzae type B Pneumococcal	Diphtheria/Tetanus/Pertussis Polio	Routine vaccination begins at 2 month	Vaccine I This is not a recommended administration schedule, but contains	of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.
	1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or 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 after September 15, 2003, unless the applicant has a reliable history of natural disease ⁸	3 doses	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, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 ⁷ ; 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 ⁶ Polio vaccine is not required for persons 18 years of age or older.	1 voses with at least 1 vose or upplication vectorial per usass or intermining varcine received on or after 4 years of age if the applicant was born after September 15, 2003. ³ , and 1 time dose of tetanus/diphtheria/acellular pertussis-containing varcine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing varcine.	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 ⁻² ; 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 on or before September 15, 2003 ² ; or	1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.	-containing vaccine received on i ionstrates a positive antibody tes tory.	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant received 1 dose before 24 months of age; or 2 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. HIb vaccine is not required for persons 60 months of age or older.	4 doses 3 doses	1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.	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.	4 doses if the applicant received 3 doses before 12 months of age; 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.	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.	4 doses 3 doses	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.	2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.	3 doses 2 doses	2 doses	2 doses	2 doses	1 dose	1 dose		I OTAL JOSES KEQUITED schedule, but contains the minimum requirements for participation in licensed child care.	

Mumps vaccine may be included in measles/rubella-containing vaccine. DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used. The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age. Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age or older should receive a total of 4 doses, with one of those doses administered on or after 4 years of age. Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age. If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age. If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age. If both OPV and IPV were administered as part of the series, a total of 4 doses are required. Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.