



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>				Rotavirus			
Haemophilus influenzae type b <i>Hib</i>				HPV			
Hepatitis B				Licensed Child Care Requirements			
				<u>2 through 5 months</u>		<u>6 through 14 months</u>	
				1 dose Diphtheria/Tetanus/Pertussis	2 doses Diphtheria/Tetanus/Pertussis	2 doses Polio	2 doses Hib
				1 dose Polio	2 doses Polio	2 doses Hib	
Varicella Chicken Pox If applicant has a history of natural disease write "Immune to Varicella"				<u>15 through 18 months</u>		<u>19 months and older</u>	
				3 doses Diphtheria/Tetanus/Pertussis	3 doses Diphtheria/Tetanus/Pertussis	3 doses Polio	3 doses Polio
				3 doses Hib with the final dose \geq 12 months of age, or 1 dose \geq 15 months of age	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
				1 dose Measles/Rubella \geq 12 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	
Pneumococcal <i>PCV/PPV</i>				Elementary/Secondary School Requirements			
				<u>4 years of age and older</u>			
				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.			
				3 doses Polio, with 1 dose \geq 4 years of age.			