



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/ 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 "Innate to Varicella"		
Pneumococcal PCV/PPV		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal MCV4/PPSV4		
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
 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

19 months and older

3 doses Diphtheria/Tetanus/Pertussis
 3 doses Polio
 Hib with the final dose \geq 12 months of age, or 1 dose \geq 15 months of age
 Measles/Rubella \geq 12 months of age
 Varicella \geq 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease

Elementary/Secondary School Requirements

4 years of age and older

4 doses Diphtheria/Tetanus/Pertussis with 1 dose \geq 4 year of age; 3 doses if born before September 15, 2001, or 4 doses if born after September 15, 2001
 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