



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 |
|---|------------|--------------------------|
| Diphtheria, Tetanus, Pertussis DTaP/DTaP/DT/TTdTap | | |
| 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 "immune to Varicella" | | |
| Pneumococcal PCV/PPV | | |

| Vaccine | Date Given | Doctor / Clinic / Source |
|-----------------------------|------------|--------------------------|
| Meningococcal MCV4/MPSV4 | | |
| Hepatitis A | | |
| Rotavirus | | |
| HPV | | |

Licensed Child Care Requirements

| | |
|---|---|
| <p>2 through 5 months</p> <p>1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib</p> <p>15 through 18 months</p> <p>3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose ≥ 12 months of age, or 1 dose ≥ 15 months of age 1 dose Measles/Rubella ≥ 12 months of age</p> | <p>6 through 14 months</p> <p>2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib</p> <p>19 months and older</p> <p>3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose ≥ 12 months of age, or 1 dose ≥ 15 months of age 1 dose Measles/Rubella ≥ 12 months of age 1 dose Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease</p> |
|---|---|

4 Years of age and older

Elementary/Secondary School Requirements

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 ≥ 4 years of age.
 3 doses Polio with 1 dose ≥ 4 years of age.
 2 doses 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
 3 doses Hepatitis B if born on or after July 1, 1994
 1 dose Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease