



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

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/Td/Tdap			
Polio IPV/OPV			
Measles, Mumps, Rubella MMR			
Haemophilus influenzae type b Hib			
Hepatitis B			

	Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox <i>If applicant has a history of natural disease write "Immune to Varicella"</i>			
Pneumococcal PCV/PPSV			
Meningococcal MCV/MPSV/ Mening B			
Hepatitis A			
Rotavirus			
Human Papilloma Virus HPV			
Other			

IMMUNIZATION REQUIREMENTS

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

Institution	Age	Vaccine	Total Doses Required	
Licensed Child Care Center	19 months through 23 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.		
			Diphtheria/Tetanus/Pertussis	1 dose
			Polio	1 dose
			<i>haemophilus influenzae</i> type B	1 dose
			Pneumococcal	1 dose
			Diphtheria/Tetanus/Pertussis	2 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	2 doses
			Diphtheria/Tetanus/Pertussis	3 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	3 doses
Elementary or Secondary School (K-12)	4 years of age and older	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.		
			Diphtheria/Tetanus/Pertussis	1 dose
			Polio	1 dose
			<i>haemophilus influenzae</i> type B	1 dose
			Pneumococcal	1 dose
			Diphtheria/Tetanus/Pertussis	2 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	2 doses
			Diphtheria/Tetanus/Pertussis	3 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	3 doses
Licensed Child Care Center	24 months of age and older	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.		
			Diphtheria/Tetanus/Pertussis	1 dose
			Polio	1 dose
			<i>haemophilus influenzae</i> type B	1 dose
			Pneumococcal	1 dose
			Diphtheria/Tetanus/Pertussis	2 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	2 doses
			Diphtheria/Tetanus/Pertussis	3 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	3 doses
Elementary or Secondary School (K-12)	4 years of age and older	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.		
			Diphtheria/Tetanus/Pertussis	1 dose
			Polio	1 dose
			<i>haemophilus influenzae</i> type B	1 dose
			Pneumococcal	1 dose
			Diphtheria/Tetanus/Pertussis	2 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	2 doses
			Diphtheria/Tetanus/Pertussis	3 doses
			Polio	2 doses
			<i>haemophilus influenzae</i> type B	2 doses
			Pneumococcal	3 doses

1 Mumps vaccine may be included in measles/rubella-containing vaccine.
 2 DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.
 3 The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.
 4 Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.
 5 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.
 6 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.
 7 If both OPV and IPV were administered as part of the series, a total of 4 doses are required.
 8 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.