

Form must be completed and signed. We accept only this form and no substitutes.

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		
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Pneumococcal PCV/PV		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal MCV4/PSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		

Licensed Child Care Requirements

4 through 5 months 1 dose D/T/P
 1 dose Polio
 1 dose Hib
 1 dose Pneumococcal

12 through 18 months 2 doses D/T/P
 2 doses Polio
 2 doses Hib or 1 dose received at ≥ 15 months of age
 3 doses Pneumococcal

19 through 23 months 4 doses D/T/P
 3 doses Polio
 3 doses Hib with the final dose in the series ≥ 12 months of age, or 1 dose received ≥ 15 months of age

24 months and older same requirements as the 19-23 months. **EXCEPT** Pneumococcal, 4 doses Pneumococcal if received 3 doses < 12 months of age, or 3 doses if received 2 doses < 12 months of age; or 2 doses if received 1 dose < 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age.

Elementary/Secondary School Requirements

4 years of age and older
 5 doses Diphtheria/Tetanus/Pertussis with 1 dose received ≥ 4 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received ≥ 4 years of age if born before September 15, 2000.
 4 doses Polio with 1 dose received ≥ 4 years of age if born after September 15, 2003; or 3 doses, with 1 dose received ≥ 4 years of age if born on or before September 15, 2003.
 2 doses Measles/Rubella, the first dose shall have been received ≥ 12 months of age; the second dose shall have been received ≥ 28 days after the first.
 3 doses Hepatitis B if born on or after July 1, 1994.
 2 doses Varicella ≥ 12 months of age if born on or after September 15, 2003; or 1 dose received ≥ 12 months of age if born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has a reliable history of natural disease.