



# 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	
<b>Diphtheria, Tetanus, Pertussis</b> <small>DTaP/DTP/DTI Td/Tdap</small>			<b>Meningococcal</b> <small>MCV4/MPSV4</small>			
<b>Polio</b> <small>IPV/OPV</small>			<b>Hepatitis A</b>			
<b>Measles, Mumps, Rubella</b> <small>MMR</small>			<b>Rotavirus</b>			
<b>Haemophilus influenzae type b</b> <small>Hib</small>			<b>HPV</b>			
<b>Hepatitis B</b>			<b>Licensed Child Care Requirements</b>			
			<b>2 through 5 months</b> 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib			
			<b>6 through 14 months</b> 2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib			
<b>Varicella</b> <small>Chicken Pox</small> <small>If applicant has a history of natural disease write "Immune to Varicella"</small>			<b>15 through 18 months</b> 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			
			<b>19 months and older</b> 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 if born on or after September 15, 1997, or a reliable history of natural disease			
			<b>4 years of age and older</b> 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			
<b>Pneumococcal</b> <small>PCV/PPV</small>			<b>Elementary/Secondary School Requirements</b>			
			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			