



# 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.

<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/DT/ Td/Tdap	Vaccine	Date Given	Doctor / Clinic / Source

<b>Polio</b> IPV/OPV	Vaccine	Date Given	Doctor / Clinic / Source

<b>Measles, Mumps, Rubella</b> MMR	Vaccine	Date Given	Doctor / Clinic / Source

<b>Haemophilus influenzae type b</b> Hib	Vaccine	Date Given	Doctor / Clinic / Source

<b>Hepatitis B</b>	Vaccine	Date Given	Doctor / Clinic / Source

<b>Varicella</b> Chicken Pox	Vaccine	Date Given	Doctor / Clinic / Source

*If applicant has a history of natural disease write "Immune to Varicella"*

<b>Pneumococcal</b> PCV/PPSV	Vaccine	Date Given	Doctor / Clinic / Source

<b>Meningococcal</b> MCV/MPSV/ Mening B	Vaccine	Date Given	Doctor / Clinic / Source

<b>Hepatitis A</b>	Vaccine	Date Given	Doctor / Clinic / Source

<b>Rotavirus</b>	Vaccine	Date Given	Doctor / Clinic / Source

<b>Human Papilloma Virus</b> HPV	Vaccine	Date Given	Doctor / Clinic / Source

<b>Other</b>	Vaccine	Date Given	Doctor / Clinic / Source

# 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 or attempting the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required		
<b>Licensed Child Care Center</b>	Less than 4 months of age	<b>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.</b>			
		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; or		
		Pneumococcal	1 dose received when the applicant is 15 months of age or older.		
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.		
<b>Elementary or Secondary School (K-12)</b>	4 months through 5 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; or		
		Pneumococcal	1 dose received when the applicant is 15 months of age or older.		
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.		
		Diphtheria/Tetanus/Pertussis	4 doses		
		Polio	3 doses		
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older.		
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.		
		Measles/Rubella 1	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.		
<b>Licensed Child Care Center</b>	19 months through 23 months of age	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.		
		Diphtheria/Tetanus/Pertussis	4 doses		
		Polio	3 doses		
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.		
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 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. Pneumococcal vaccine is not indicated for persons 60 months of age or older.		
		Measles/Rubella 1	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.		
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.		
		Diphtheria/Tetanus/Pertussis	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; 2 or 15, 2000; 2 or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; 2 or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003; 2, 3 and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.		
		Pneumococcal	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. 6		
		Measles/Rubella 1	2 doses of measles/rubella-containing vaccine: the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.		
		Varicella	3 doses if the applicant was born on or after July 1, 1994.		
		Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or		
		Polio 7	2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8		
		<b>Elementary or Secondary School (K-12)</b>	24 months and older	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
Diphtheria/Tetanus/Pertussis 4, 5	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; 2 or 15, 2000; 2 or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; 2 or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003; 2, 3 and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.				
Pneumococcal	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. 6				
Measles/Rubella 1	2 doses of measles/rubella-containing vaccine: the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.				
Varicella	3 doses if the applicant was born on or after July 1, 1994.				
Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or				
Polio 7	2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8				
<b>Elementary or Secondary School (K-12)</b>	4 years of age and older			Measles/Rubella 1	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or
				Hepatitis B	2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8
				Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8
				Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8
				Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8
				Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8
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		Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8		
		Hepatitis B	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has had a reliable history of natural disease. 8		

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 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.