



## 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 <i>DTaP/DT/DT1</i> <i>Td/Tdap</i>		
Polio <i>IPV/OPV</i>		
Measles, Mumps, Rubella <i>MMR</i>		
Haemophilus influenzae type b <i>Hib</i>		
Hepatitis B		
Varicella <small>Chicken Pox if applicant has a history of natural disease write "Immune to Varicella"</small>		
Pneumococcal <i>PCV/PPV</i>		

  

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal <i>MCV4/MPSV4</i>		
Hepatitis A		
Rotavirus		
HPV		

  

Vaccine	Date Given	Doctor / Clinic / Source
<b>Licensed Child Care Requirements</b>		
<b>2 through 5 months</b>		
1 dose Diphtheria/Tetanus/Pertussis		
1 dose Polio		
1 dose Hib		
<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		
1 dose Varicella > 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease		
<b>Elementary/Secondary School Requirements</b>		
<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 of 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		