



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/DTP/DT/Td/Tdap</i>		
Polio <i>IPV/OPV</i>		
Measles, Mumps, Rubella <i>MMR</i>		
Haemophilus influenzae type b <i>Hib</i>		
Hepatitis B		
Varicella Chicken Pox <small>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		
Other		

Licensed Child Care Requirements

2 through 5 months

1 dose Diphtheria/Tetanus/Pertussis
 1 dose Polio
 1 dose Hib

6 through 14 months

2 doses Diphtheria/Tetanus/Pertussis
 2 doses Polio
 2 doses Hib

15 through 18 months

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

19 months and older

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

Elementary/Secondary School Requirements

4 years of age and older

4 doses Diphtheria/Tetanus/Pertussis with 1 dose ≥ 4 year of age; 3 doses if born on or before September 15, 2000; or 4 doses if born after September 15, 2000
 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