



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 | | | |
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| Polio IPV/OPV | | | |
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| | | | |
| | | | |
| Measles, Mumps, Rubella MMR | | | |
| | | | |
| | | | |
| Haemophilus influenzae type b Hib | | | |
| | | | |
| | | | |
| | | | |
| Hepatitis B | | | |
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| | Vaccine | Date Given | Doctor / Clinic / Source |
|---|---------|------------|--------------------------|
| Varicella Chicken Pox <i>If applicant has a history of natural disease write "Immune to Varicella"</i> | | | |
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| Pneumococcal PCV/PPSV | | | |
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| | | | |
| Meningococcal MCV/MPSV/ Mening B | | | |
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| | | | |
| | | | |
| Hepatitis A | | | |
| | | | |
| | | | |
| | | | |
| Rotavirus | | | |
| | | | |
| | | | |
| | | | |
| Human Papilloma Virus HPV | | | |
| | | | |
| | | | |
| Other | | | |
| | | | |
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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 the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

| Institution | Age | Vaccine | Total Doses Required | | | | |
|--|--|---|--|--|---|------------------------------|--|
| Licensed Child Care Center | 19 months through 23 months of age | 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. | | | | | |
| | | | 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 if the applicant received 1 dose before 15 months of age; or 1 dose if 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 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 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 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. | | | | | | |
| Varicella | 1 dose received on or after 12 months of age, unless the applicant has 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 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. | | | | | | |
| Pneumococcal | Hib vaccine is not required for persons 60 months of age or older. 4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. | | | | | | |
| Measles/Rubella ¹ | Pneumococcal vaccine is not required for persons 60 months of age or older. 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, unless the applicant has had a reliable history of natural disease. | | | | | | |
| Elementary or Secondary School (K-12) | 24 months of age and older | 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. | | | | | |
| | | | 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 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 on or 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 after September 15, 2003 ² ; ³ and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine. | | | |
| | | | Polio | 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 ⁷ ; 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 | Polio vaccine is not required for persons 18 years of age or older. 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. | | | |
| | | | Hepatitis B | 3 doses | | | |
| | | | Varicella | 1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸ | | | |
| | | | Meningococcal (A, C, W, Y) | 1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older. | | | |
| | | | Elementary or Secondary School (K-12) | 4 years of age and older | 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. | | |
| | | | | | | Diphtheria/Tetanus/ | 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 on or before September 15, 2003 ⁷ ; 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 |
| | | | | | | Pertussis ^{4, 5} | 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 ⁷ ; 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 |
| | | | | | | Polio | 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 ⁷ ; 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 | Polio vaccine is not required for persons 18 years of age or older. 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. |
| | | | | | | Hepatitis B | 3 doses |
| | | | | | | Varicella | 1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸ |
| Meningococcal (A, C, W, Y) | 1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older. | | | | | | |

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 If both OPV and IPV were administered as part of the series, a total of 4 doses are required.
8 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.