

# 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/DTPP/DT/Td/dap		
Polio IPV/OPV		
Measles, Mumps, Rubella MMR		
Haemophilus Influenzae type b Hib		
Hepatitis B		
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
Pneumococcal PCV/PPV		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal MCV4/MPSV4		
Hepatitis A		
Rotavirus		
Human Papilloma Virus HPV		
Other		

### Licensed Child Care Requirements

**4 through 5 months** 1 dose D/T/P  
**1 dose Polio**  
**1 dose Hib**  
**1 dose Pneumococcal**

**12 through 18 months** 3 doses D/T/P  
 Polio  
 Hib or 1 dose received at ≥ 15 months of age  
 Pneumococcal if received 1 or 2 doses < 12 months of age; or any previous doses; or received 1 dose ≥ 12 months of age

**19 through 23 months** 4 doses D/T/P  
 3 doses Polio  
 Hib with the final dose in the series ≥ 12 months of age; or 1 dose received ≥ 15 months of age

**24 months and older** same requirements as the 19-23 months. Except Pneumococcal, 4 doses Pneumococcal if received 3 doses < 12 months of age; or 3 doses if received 2 doses < 12 months of age; or 2 doses if received 1 dose < 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.

### Elementary/Secondary School Requirements

**4 years of age and older** Diphtheria/Tetanus/Pertussis with 1 dose received ≥ 4 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received ≥ 4 years of age if born after September 15, 2000, but before September 15, 2003; or 3 doses, when 1 dose received ≥ 4 years of age if born on or before September 15, 2003.

**4 doses Polio** with 1 dose received ≥ 4 years of age if born after September 15, 2003; or 3 doses, with 1 dose received ≥ 4 years of age if born on or before September 15, 2003.

**2 doses Measles/Rubella**, the first dose shall have been received ≥ 12 months of age; the second dose shall have been received ≥ 28 days after the first.

**3 doses Hepatitis B** if born on or after July 1, 1994.

**2 doses Varicella** ≥ 12 months of age if born on or after September 15, 2003; or 1 dose received ≥ 12 months of age if born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has a reliable history of natural disease.