



## 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 |
|--|---------|------------|--------------------------|
| <b>Diphtheria,<br/>Tetanus,<br/>Pertussis</b><br>DTaP/DTP/DT/<br>Td/Tdap |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
| <b>Polio</b><br>IPV/OPV  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
| <b>Measles,<br/>Mumps,<br/>Rubella</b><br>MMR                            |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
| <i>Haemophilus<br/>influenzae<br/>type b</i><br>Hib                      |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
| <b>Hepatitis B</b>   |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |
|  |         |            |                          |

|   | Vaccine | Date Given | Doctor / Clinic / Source |
|---|---------|------------|--------------------------|
| <b>Varicella</b><br>Chicken Pox<br>If patient has a history<br>of natural disease<br>write "Immune to<br>Varicella" |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Pneumococcal</b><br>PCV/PPV  |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Meningococcal</b><br>MCV4/MPSV4  |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Hepatitis A</b>  |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Rotavirus</b>  |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Human<br/>Papilloma<br/>Virus</b><br>HPV   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
| <b>Other</b>  |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |
|   |         |            |                          |

# 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            | Less than 4 months of age  | This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. <b>Routine vaccination begins at 2 months of age.</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   |
|                                       | 6 months through 11 months of age  | Diphtheria/Tetanus/Pertussis  | 2 doses  |
|                                       |  | Polio   | 2 doses  |
|                                       |  | <i>haemophilus influenzae</i> type B  | 2 doses  |
|                                       |  | Pneumococcal  | 2 doses  |
|                                       | 12 months through 18 months of age   | Diphtheria/Tetanus/Pertussis  | 3 doses  |
|                                       |  | Polio   | 2 doses  |
|                                       |  | <i>haemophilus influenzae</i> type B  | 2 doses; or<br>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<br>2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.  |
|                                       | 19 months through 23 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<br>3 doses if the applicant received 1 or 2 doses before 12 months of age; or<br>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 <sup>1</sup>  | 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.  |  |
|                                       | 24 months and older  | 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<br>3 doses if the applicant received 2 doses before 12 months of age; or<br>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<br>1 dose if no doses had been received prior to 24 months of age.<br><b>Pneumococcal vaccine is not indicated for persons 60 months of age or older.</b> |  |
| Measles/Rubella <sup>1</sup>          |  | 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. |   |  |
| Elementary or Secondary School (K-12) | 4 years of age and older   | Diphtheria/Tetanus/Pertussis <sup>3, 4</sup>  | 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; or<br>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; or<br>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. <sup>2</sup><br>DTaP is not indicated for persons 7 years of age and older, therefore, a tetanus-and diphtheria-containing vaccine should be used. |
|                                       |  | Polio <sup>6</sup>  | 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<br>4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>5</sup>  |
|                                       |  | Measles/Rubella <sup>1</sup>  | 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 if the applicant was born on or after July 1, 1994.  |
|                                       |  | Varicella   | 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<br>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 a reliable history of natural disease. <sup>7</sup>  |

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> The 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age.

<sup>3</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> 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.

<sup>4</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> 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.

<sup>5</sup> If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age.

<sup>6</sup> If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

<sup>7</sup> Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2<sup>nd</sup> dose if administered 28 days or greater from the 1<sup>st</sup> 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 1<sup>st</sup> and 2<sup>nd</sup> dose of varicella for an applicant 13 years of age or older is 28 days.