



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	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTPI/DI/ Td/Tdap			Meningococcal		
			MCV4/MPSV4		
Polio IPV/OPV			Hepatitis A		
Measles, Mumps, Rubella MMR			Rotavirus		
Haemophilus influenzae type b Hib			HPV		

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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

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 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 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