

Iowa Department of Public Health Certificate of Immunization

lame Last: First:arent/Guardian: Address:		Middle	:	Date of Birth:								
					Phone:							
Signature:		_	e-appropriate immunizations that m	•	licensed child care or	school enrollmer						
Physician,	Physician Assistant, Nurse, or A		e local Board of Health or Iowa Departm	ent of Public Health may rev	view this certificate for s	urvey purposes.						
Diphtheria, Tetanus,	Vaccine	Date Given	Doctor / Clinic / Source		Vaccine	Date Given	Doctor / Clinic / Source					
Pertussis DTaP/DTP/DT/ Td/Tdap				Varicella Chicken Pox								
Ти/Тиар				If applicant has a history of natural disease write "Immune to Varicella"								
_				Pneumococcal PCV/PPSV								
_				-								
				Meningococcal MCV/MPSV/ Mening B								
Polio IPV/OPV												
_				Hepatitis A								
				перация								
Measles,				- -								
Mumps, Rubella MMR				Rotavirus								
Haemophilus] _								
influenzae type b												
Hib												
Hamadai D				Human Papilloma								
Hepatitis B				Virus HPV								
-				Other								
		1					1					

IMMUNIZATION REQUIREMENTS

of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column. 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

Diphtheria/Tetanus/ Pertussis 4, 5 Reprincial A years of age and older Measles/Rubella Varicella Varicella Varicella Varicella Varicella Varicella					Licensed Child Care Center																							
y be included in measl	4 years of age and older					24 months of age and older				19 months through 23 months of age					6 months through 11 months of age 12 months through 18 months of age					6 months	4 months through 5 months of age			months of age	Age Less than 4 months of age			
es/rubella-containing vaccine.	(A, C, W,	Varicella	Measles/Rubella Hepatitis B	Polio	Pertussis ^{4, 5}	Diphtheria/Tetanus/		Varicella	Measles/Rubella ¹	Pneumococcal	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Varicella	Measles/Rubella ¹	Pneumococcal	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Pneumococcal	haemophilus influenzae type B	Polio Polio	Pneumococcal Dinhtheria/Tetanus/Pertussis	haemophilus influenzae type B	Polio Polio	Pneumococcal Dinhthoria/Tetanus/Partussis	haemophilus influenzae type B	Diphtheria/Tetanus/Pertussis Polio	Routine vaccination begins at 2 months of age	Vaccine This is not a recommended administration
	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 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.	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. 3 doses	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. Polio vaccine is not required for persons 18 years of age or older.	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.	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 5 eptember 15, 2003 ² , ³ ; and	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	1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.	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.	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. Pneumococcal vaccine is not required for persons 60 months of age or older.	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. Hib vaccine is not required for persons 60 months of age or older.	4 doses 3 doses	I dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.	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.	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.	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.	4 doses 3 doses	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.	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.	2 doses	2 doses	2 doses	2 doses	1 dose	1 dose	1 dose	s of age.	Vaccine Total Doses Required This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care.

- Mumps vaccine may be included in measles/rubella-containing vaccine.

 DaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

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

 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.

 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.

 If an applicant received an all-inactivated policivirus (IPV) reall-oral policivirus (IPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

 If an applicant received an all-inactivated policivirus (IPV) reall-oral policivirus (IPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

 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.