

## **lowa Department of Public Health**

Certificate of Immunization

Phone: Date of Birth: 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. Middle: Address: First: Parent/Guardian Name Last:

Signature:

Date:

A representative of the local Board of Health or lowa Department of Public Health may review this certificate for survey purposes.    Date Given   Doctor / Clinic / Source   Varicella   Varicella   Chicken Pox   Fapplicant has a history of natural disease write   Immune to Varicella   Immune to Varicella	Preumococcal PCV/PPV Meningococcal McV4/MPSV4	Hepatitis A	Rotavirus Human Papilloma Virus	Other
A representative of the local Board of Health or lowa De  Date Given Doctor / Clinic / Source				
Diphtheria, Vaccine Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap		Polio IPV/OPV	Measles, Mumps, Rubella MMR  Haemophilus influenzae type b Hib	Hepatitis 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	of doses in the "Total Doses Required" column.  Total Doses Required		
	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination			
are Center	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis Polio haemophilus influenzae type B Pneumococcal	1 dose 1 dose 1 dose 1 dose		
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis Polio haemophilus influenzae type B Pneumococal	2 doses s influenzae type B 2 doses		
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis Polio haemophilus influenzae type B Pneumococcal	3 doses 2 doses 2 doses; or 1 dose received when the applicant is 15 months of age or older. 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.		
Licensed Child Care Center		Diphtheria/Tetanus/Pertussis Polio haemophilus influenzae type B	4 doses  3 doses  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 1 months of age or older.		
	19 months through 23 months of age	Pneumococcal	4 doses; 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 <sup>1</sup> Varicella	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. 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	Polio haemophilus influenzae type B  Pneumococcal  Measles/Rubella <sup>1</sup> Varicella	3 doses 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 months of age or older. Hib vaccine is not indicated 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 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age; or 1 dose if no doses had been received prior to 24 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.  Pneumococcal vaccine is not indicated 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.  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)		Diphtheria/Tetanus/ Pertussis 4, 5	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 <sup>2</sup> ; 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 before September 15, 2003 <sup>2</sup> ; 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 on or after September 15, 2003 <sup>2</sup> .3; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if bo on or after September 15, 2000; regardless of the interval since the last tetanus/tiphtheria containing vaccine.		
	4 years of age and older	Polio <sup>7</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, 200 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		
		Measies/Rubella <sup>1</sup> Hepatitis B	2 doses of measies/rub ella-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. 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 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>8</sup>		

- Mumps vaccine may be included in measles/tubella-containing vaccine.
- <sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheris-containing vaccine should be used.
- 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.
- 4 Applicants 7 through 18 years of age who received their 14 dose of diphtheristraturus/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 1º dose of diphtheriahteanus/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.
- fill an applicant received an all-inactivated poliovinus (IPV) or all-onal poliovinus (CPV) series, a 4<sup>th</sup> dose is not necessary if the 3<sup>th</sup> dose was administered on or after 4 years of age.
- Till 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.
- Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2º dose if administered 28 days or greater from the 1º 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 1º and 2º dose of varicella for an applicant 13 years of age or older is 28 days.