## 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*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Doctor / Clinic / Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/DTP/DT/ Td/Tdap</td>
<td></td>
<td></td>
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<tr>
<td>MMR</td>
<td></td>
<td></td>
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<tr>
<td>Polio</td>
<td></td>
<td></td>
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<tr>
<td>IPV/OPV</td>
<td></td>
<td></td>
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<tr>
<td>Measles, Mumps, Rubella</td>
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<td></td>
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<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Doctor / Clinic / Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella</td>
<td></td>
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<tr>
<td>Chicken Pox</td>
<td></td>
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</tr>
<tr>
<td>If applicant has a history of natural disease write &quot;Immune to Varicella&quot;</td>
<td></td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>PCV/PPSV</td>
<td></td>
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<tr>
<td>Meningococcal</td>
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<td></td>
</tr>
<tr>
<td>MCV/MPSV/ Mening B</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
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<tr>
<td>Human Papilloma Virus</td>
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<tr>
<td>HPV</td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
</tbody>
</table>

January 2013
Institution

Applicants 7 through 18 years of age who received their 1 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 1 dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003; or

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

4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born before September 15, 2003; 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 on or before September 15, 2000; or

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 after September 15, 1997, unless the applicant has had a reliable history of natural disease.

Varicella

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.

Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2 dose if administered 28 days or greater.

If either dose was received at 12 months of age or older, the applicant should receive 1 additional dose of varicella vaccine if they were born on or after July 1, 1994, unless the applicant has a reliable history of natural disease; or

1 dose received on or after 12 months of age if the applicant was born on or after

3 doses if the applicant was born on or after July 1, 1994.

Hepatitis B

1 dose of hepatitis B vaccine is recommended for individuals who are more than 12 months of age.

Total Doses Required

1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) is recommended for applicants 11 through 18 years of age who were not previously administered Tdap. If the applicant has been previously administered Tdap, they should receive 1 dose of tetanus/diphtheria containing vaccine.

Pneumococcal

Pneumococcal vaccine is not indicated for persons 60 months of age or older.

Pneumococcal DPT

For children age 6 through 11, 1 dose of meningococcal conjugate vaccine is recommended.

Total Doses Required

3 doses, with the final dose in the series 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.

Haemophilus influenzae

3 doses, with the final dose in the series 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.

Measles/Rubella

1 dose of measles/rubella-containing vaccine received on or after 12 months of age if the applicant was born before September 15, 1994; 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.

1 dose received when the applicant is 15 months of age or older.

For children age 6 through 11, 1 dose of meningococcal conjugate vaccine is recommended.

Total Doses Required

2 doses; or

3 doses if the applicant received 1 or 2 doses before 12 months of age; or

3 doses if the applicant received 1 dose between 12 and 23 months of age; or

2 doses if the applicant has not received any previous doses or has received 1 dose from a U.S. laboratory.

POLIO

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 September 15, 2003; 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 on or before September 15, 2000; or

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1 dose received on or after 12 months of age if the applicant was born on or after

3 doses if the applicant was born on or after July 1, 1994.

Diphtheria/Tetanus/Pertussis

1 dose of diphtheria/tetanus/pertussis-containing vaccine 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.

1 dose of measles/rubella-containing vaccine received on or after 12 months of age if the applicant was born before September 15, 1994; or

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Total Doses Required

3 doses, with the final dose in the series received on or after 12 months of age, 1 dose received when the applicant is 15 months of age or older.

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