

Iowa Department of Public Health Certificate of Immunization

| Name Last: | | Fi | est: | Middle: | | Date of Birth: | | | | | | | | |
|---|----------------------------------|-----------------------------|--------------------------|---|---------|----------------|--------------------------|--|--|--|--|--|--|--|
| Parent/Guardian | | | Address: | Phone: | | | | | | | | | | |
| Signature: | , Physician Assistant, Nurse, or | Certified Medical Assistant | | Date: | | | t. | | | | | | | |
| | | | | | | 1 | | | | | | | | |
| Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap | Vaccine | Date Given | Doctor / Clinic / Source | Varicella Chicken Pox If applicant has a history of natural disease write "Immune to Varicella" | Vaccine | Date Given | Doctor / Clinic / Source | | | | | | | |
| - - - - - - | | | | Pneumococcal PCV/PPV Meningococcal MCV4/MPSV4 | | | | | | | | | | |
| Polio _ IPV/OPV | | | | | | | | | | | | | | |
| | | | | Hepatitis A | | | | | | | | | | |
| Measles, | | | | | | | | | | | | | | |
| Mumps, Rubella MMR | | | | Rotavirus | | | | | | | | | | |
| Haemophilus influenzae type b Hib | | | | Human Papilloma Virus HPV | | | | | | | | | | |
| Hepatitis B | | | | Other | | | | | | | | | | |

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age require between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Total Doses. nents listed below. If, at any time, the age of the child is

| Mumps vaccin | Elementary or Secondary School (K-12) | | | | | | | | | | | Li | C | eı | 1 | S | e | b | CI | hi | ilc | 1 (| Ca | re |) | C | е | n | ıt | е | r | | | | Institution | | | | |
|---|---|------------|--|---|--|--|---|---|---|---|--|---|--|----|---|--|---|----------|------------------------------|--|------------------|--|--|---|------------------------------------|---|--|----------|------------------------------|---------------|-------------------------------|----------|-------------------------------|--------------------|------------------------------|------------------------------|----------------------------|---|--|
| emaybe induded in m | | | | | | | | 24 months and older | | | | | | | | 19 months firough 23 months of age | | | | | | | 12 months firough 18 months of age | | | | | 6 months | | months of age | through 5 | 4 months | months of age | Age Less than 4 | | | | | |
| Mumps yeardne maybe induded in melastes hubette-containing vaccine. | Varice IIIa | Hopatris B | Measies:Rubella | Pollo | | | Perfussis 4.5 | Diphtherial Tetanus/ | | | Variosila | Measies/Rubella ¹ | | | Pneumococcal | | haemophilus influenzae type B | Police | Dichtheria/Tetanus Portussis | Varicella | Measles/Rubella1 | Pneumococcal | | haemophilus influenzae type B | Diphtheria/Tetanus/Pertussis Polio | Pneumococcal | haemophilus influenzae type B | Polio | Diphtheria/Tetanus/Pertussis | Pneumococcal | haemophilus influenzae type B | Polio | Dishthasis (Tatanus Dartussis | Pneumococcal | haemonhius influenzae troe B | Diphtheria/Tetanus/Pertussis | begins at 2 months of age. | Vaccine This is not a recommended admir | |
| | 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. § | | 2 doses of me asies/hubella-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 meastes and rubella from a U.S. laboratory. | 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. | 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; | ame dose of rearrus opinitiera/acetuer perfussis-containing vaccine (+Gap) for approximis in graces / and above, it comes on or after September 15, 2000; regardless of the interval since the last telanus/diphtheria containing vaccine. | 5 doses with at least 1 dose of diphtheria/tetanus/pertusss-containing vaccine received on or after 4 years of age if the | applicant was born after September 15, 2000, but before September 15, 20032, or | applicant was born on or before September 15, 2000 ² , or 4 doses, with at least 1 dose of diphther/altetanus/pertussis-containing vaccine received on or after 4 years of age if the | 3 doses, with at least 1 dose of diphtherialtetanus/perfussis-containing vaccine received on or after 4 years of age if the | has had a reliable history of natural disease. | positive antibody test for measles and rube lia from a U.S. laboratory. | I does of massissistativation and indicated for persons of months of age or order. | | 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 2 doses if the applicant received 1 dose before 12 months of age; or | months of age of older. His vectine is not indicated for persons of months of age of older. 4 doses if the applicant received 3 doses before 12 months of age; or | 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 | 1 descar | d friend | 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. | | 3 doses if the applicant received 1 or 2 doses before 12 months or 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. | 4 doses; or | 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. | 4 doses 3 doses | 2 doses if the applicant received any previous doses or has received 1 dose on or after 12 months of age. | 1 dose received when the applicant is 15 months of age or older. | 2 doses | 3 doses | 2 doses | 2 doses | 2 doses | 2 docum | 1 0050 | 1 dose | 1 dose | | Vaccine Total Doses Required Total poses Required | |

number section may be nutrient the assessment of age or close, therefore, a teams-and diptheta-containing vaccine should be used.

2. DTAP is not indicated for persons 7 years of age or close, therefore, a teams-and diptheta-containing vaccine should be used.

3. The 5P dose of DTAP is not necessary if the 4P dose was administered on or after 4 years of age.

4. Applicants 7 through 18 years of age who received their 1P dose of dipthetable transipertusis-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 1º dose of diphtherial/whanus/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 neceled an alt-hactivated polibrins (IPV) or alt-data polibrins (IPV) or alt-data polibrins (IPV) seties, a IP dose is not necessary if the 3rd dose was administered on or after 4 years of age.

If both OPV and IPV were administered as part of the series, a botal of 4 doses are required, regardless of the applicants current age.

Administer 2 doses of varicella vaccine, at least 3 months aport, to applicants less than 13 years of age. Do not repost the 2rd dose if administered 28 days or greater from the 14 dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks aport. The minimum interval between the 14 and 2rd dose of varicella for an applicant 13 years of age or older at least 4 weeks aport. The minimum interval between the 14 and 2rd dose of varicella for an applicant 13 years of age or older is 28 days.