

**Iowa Department of Public Health - Bureau of Immunization
Certificate of Immunization**

Last Name: _____ First Name: _____ Middle Name: _____ Date of birth: _____
 Parent/Guardian: _____ Address: _____ Phone: _____

Medical Waiver
 A waiver to _____ vaccine(s) due to a medical contraindication is granted to the applicant. _____
(list the vaccine(s) to be waived) Signature of Doctor _____ Date _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed day care or school enrollment.
 Signature of Doctor or Health Official _____ Date _____

Vaccine	Date Given	Doctor / Clinic / Source	Clinic Location
DTaP/DTP DT/Td Diphtheria, Tetanus Pertussis			
Polio Poliovirus			
MMR Measles, Mumps, Rubella			
Hib Haemophilus Influenzae Type b			
Hepatitis B			
Varicella			
Pneumococcal PCV PPV			

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

Requirements for School Entry
Diphtheria-Tetanus-Pertussis (DTP or DTaP)
 3 doses required, at least one dose on or after age 4
Polio
 3 doses required, at least one dose on or after age 4
Measles-Rubella
 2 doses required if enrolled after July 3, 1991, 1 dose required if enrolled before July 3, 1991
Hepatitis B
 3 doses required if born on or after July 1, 1994

Requirements for Day Care
Diphtheria-Tetanus-Pertussis (DTP or DTaP)
 1 dose for 2-18 months of age,
 3 doses at 18 months of age and older
Polio
 1 dose for 2-18 months of age
 3 doses at 18 months of age and older
Measles-Rubella
 1 dose on or after 12 months of age
Haemophilus Influenzae Type b (Hib)
 1 dose for 2-18 months of age,
 3 doses at 18 months of age and older or 1 dose after 15 months of age