

## **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 child . . .

Institution	Age	Vaccine	Total Doses Required
	Less than 4		tion schedule, but contains the minimum requirements for participation in licensed child care
	months of age	Routine vaccination begins at 2 m	
	4 months	Diphtheria/Tetanus/Pertussis	1 dose
	through 5	Polio haemophilus influenzae type B	1 dose
	months of age	Pneumococcal	1 dose
		Diphtheria/Tetanus/Pertussis	2 doses
	6 months	Polio	2 doses
	through 11 months of age	haemophilus influenzae type B	2 doses
<u>ب</u>	montais of age	Pneumococcal	2 doses
Center		Diphtheria/Tetanus/Pertussis	3 doses
ų.		Polio	2 doses
2	12 months	haemophilus influenzae type B	2 doses; or
Ð	through 18 months of age		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
Ŭ		Pneumococcal	2 doses if the applicant received 1 of 2 doses before 12 months of age, of 2 doses if the applicant has not received any previous doses or has received 1 dose
			on or after 12 months of age.
Care		Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
л С		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age,
U		naemoprillus innuenzae cype b	or 1 dose received when the applicant is 15 months of age or older.
			4 doses; or
<u> </u>	19 months	Pneumococcal	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
12	through 23 months of age		dose on or after 12 months of age.
Child			1 dose of measles/rubella-containing vaccine received on or after 12 months of
U		Measles/Rubella <sup>1</sup>	age; or the applicant demonstrates a positive antibody test for measles and rubella
			from a U.S. laboratory.
-icensed		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after
ĕ			September 15, 1997, unless the applicant has had a reliable history of natural disea
Ĕ		Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
×.		haemophilus influenzae type B	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. Hib
.2		naemoprinus innuenzae type b	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
	24 months	Pneumococcal	2 doses if the applicant received 1 dose before 12 months of age or
	and older		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
		Measles/Rubella <sup>1</sup>	age; or the applicant demonstrates a positive antibody test for measles and
			rubella from a U.S. laboratory.
		Varicella	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 disea
			3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine receiv
Ξ			on or after 4 years of age if the applicant was born on or before September 15, 2000; <sup>2</sup> or
8			4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine
ž			received on or after 4 years of age if the applicant was born after September 15,
ary School		Diphtheria (Tatanua/	2000, but before September 15, 2003 <sup>2</sup> ; or
01		Diphtheria/Tetanus/ Pertussis <sup>4, 5</sup>	5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received
2			on or after 4 years of age if the applicant was born on or after September
			15, 2003; <sup>2, 3</sup> and
P			1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap)
5 ~			for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
r Secc (K-12)	4 years of age		3 doses, with at least 1 dose received on or after 4 years of age if the applicant was
S.	and older	7	born on or before September 15, 2003; or
ĽΞ		Polio <sup>7</sup>	4 doses, with at least 1 dose received on or after 4 years of age if the applicant was
ō			born after September 15, 2003. <sup>6</sup>
>			2 doses of measles/rubella-containing vaccine; the first dose shall have been
л Г		Measles/Rubella <sup>1</sup>	received on or after 12 months of age; the second dose shall have been received
Ľ.			no less than 28 days after the first dose; or the applicant demonstrates a positive
Elementary or Second (K-12)		Hepatitis B	antibody test for measles and rubella from a U.S. laboratory. 3 doses if the applicant was born on or after July 1, 1994.
ă			1 dose received on or after 12 months of age if the applicant was born on or
e			after September 15, 1997, but born before September 15, 2003, unless the
Ť.		Varicella	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
	1	1	September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>

Mumps vaccine may be included in measles/rubella-containing vaccine. DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used. 2 3

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

4 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.

5 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.

6 If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age. 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. 7

Administer 2 doese 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 1<sup>st</sup> 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 1<sup>st</sup> and 2<sup>nd</sup> dose 8 of varicella for an applicant 13 years of age or older is 28 days.

IMMUNIZATION FORM - 2 of 2

		First:
	İ	Ē

HIDIN

Iowa Department of Public Health Certificate of Immunization

Date of Birth:

Middle:

Phone:

Parent/Guardian:

Name Last:

Address:

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. Date:

Contificato for review this ant of Public Health may of the local Board of Health or lowa Departm intoton ( A 100

Picksbards.	Manina					
	אמרכווופ			vaccine	Date Given	Doctor / Clinic / Source
l etanus, Pertussis			Varicella Chicken Pox			
DTaP/DTP/DT/ Td/Tdap			If applicant has a history of natural disease write			
			"Immune to Varicella"			
<u> </u>						
<u>   </u>						
			Meningococcal			
<u> </u>			McV/MPSV/			
Polio						
<u> </u>			Hepatitis A			
		_				
Measles,						
Mumps,			Rotavirus			
MMR						
Haemophilus						
influenzae						
Hib						
			Human			
			Papilloma			
Hepatitis B			VII'US HPV			
1			Other			
<u> </u>						

January 2013