

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 ¹	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 ¹	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; ² 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 ² ; or
01		Diphtheria/Tetanus/ Pertussis ^{4, 5}	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; ^{2, 3} 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 ⁷	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. ⁶
>			2 doses of measles/rubella-containing vaccine; the first dose shall have been
л Г		Measles/Rubella ¹	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. ⁸

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 3rd 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 1st 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 1st and 2nd dose 8 of varicella for an applicant 13 years of age or older is 28 days.

IMMUNIZATION FORM - 2 of 2

		First:
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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:

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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