

## Iowa Department of Public Health Certificate of Immunization

|                        |   |                             | l  |  |                |                       |                   |                          |
|------------------------|---|-----------------------------|--|--|----------------|-----------------------|-------------------|--------------------------|
| Name Last:             |   |                             | First:   | Middle:  | <u>₹</u>       |                       | Date of Birth:    |                          |
| Parent/Guardian: 👱     |   | Address:                    | ess:   |  |                |                       | Phone: (_         |                          |
| I certify that the abo | ove named applicant l   | nas a record of ag          | 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. | s that meet the require  | ment for lice  | nsed child care o     | r school enrollme | nt.                      |
| Signature:             |   |                             |  |  | Date:          |                       |                   |                          |
| Physician,             | Physician, Physician Assistant, Nurse, or Certified Medical Assistant | Certified Medical Assistant |  |  |                |                       |                   |                          |
|                        | A repres  | sentative of the local      | A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.                             | rtment of Public Health m  | ay review this | certificate for surve | y purposes.       |                          |
|                        | Vaccine   | Date Given                  | Date Given   Doctor / Clinic / Source  | TO STATE OF THE ST |                | Vaccine               | Date Given        | Doctor / Clinic / Source |
| Diphtheria,            |   |                             |  | Varicella  |                |                       |                   |                          |
| Destrucció             |   |                             |  | Chicken Pox  | district       |                       |                   |                          |
|                        |   |                             |  | Part Care C  |                |                       |                   |                          |

|              | Vaccine     | Date Given | Dartar / Clinic / Course |                    | Vanila   |            |                        |
|--------------|-------------|------------|--------------------------|--------------------|----------|------------|------------------------|
| Diphtheria,  | - accelling | 7000       | poctor / citile / pource | Varicella          | Vaccille | Date Given | Doctor / Clinic / Sour |
| Tetanus,     |             |            |                          | Chicken Pox        |          |            |                        |
| DTaP/DTP/DT/ |             |            |                          | of natural disease |          |            |                        |
| Td/Tdap      |             |            |                          | Varicella"         |          |            |                        |
|              |             |            |                          | Dnallmacacca       |          |            |                        |
| 1            |             |            |                          | PCV/PPV            |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
| ·····        |             |            |                          |                    |          |            |                        |
|              |             |            |                          | Meningococcal      |          |            |                        |
|              |             |            |                          | MCA4/Mb2A4         |          |            |                        |
| Polio        |             |            |                          |                    |          |            |                        |
| Than/Adi     |             |            |                          |                    |          |            |                        |
|              |             |            |                          | Hepatitis A        |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
| 1            |             |            |                          | 1.                 |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
| Measles,     |             |            |                          |                    |          |            |                        |
| Mumps,       |             |            |                          | Rotavirus          |          |            |                        |
| MMR          |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
| Haemophilus  |             |            |                          |                    |          |            |                        |
| influenzae   |             |            |                          |                    |          |            |                        |
| type o       |             |            |                          |                    |          |            |                        |
| 1            |             |            |                          | Human              |          |            |                        |
|              |             |            |                          | Virus              |          |            |                        |
| Hepatitis B  |             |            |                          | AdH                |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
| T            |             |            |                          | Other              | -        |            |                        |
| 1            |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |
|              |             |            |                          |                    |          |            |                        |