Iowa Department of Public Health
Provisional Certificate of Immunization

The applicant shall submit this certificate to the admitting official of the school or child care center.
A copy of this certificate should be provided to the applicant, parent or guardian.

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

This applicant qualifies for a provisional enrollment for one of the following reasons (select one):

☐ Has received at least one dose of each of the required vaccines but has not completed all the required immunizations or;

☐ Is a transfer student from another school system. (A transfer student is an applicant seeking enrollment from one U.S. domestic elementary or secondary school to another)

The amount of time allowed for provisional enrollment shall be as rapidly as medically feasible but shall not exceed 60 calendar days. The period of provisional enrollment shall begin on the date the certificate is signed. To be valid, the certificate shall be completed in its entirety including an expiration date and list of remaining vaccines required to qualify for a Certificate of Immunization:

Certificate Expiration Date: _____

Remaining vaccine(s) required:
_____

_____

I certify that the above named applicant is hereby issued a Provisional Certificate of Immunization and I have informed the applicant, parent or guardian of the provisional enrollment requirements.

Signature: _____
Physician (MD or DO), Physician Assistant, Nurse, or Certified Medical Assistant

Date: _____

Record of Immunization			
	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap	1		
	2		
	3		
	4		
	5		
	6		
Polio IPV/OPV	1		
	2		
	3		
	4		
Measles, Mumps, Rubella MMR	1		
	2		
***Haemophilus influenzae* type b** Hib	1		
	2		
	3		
	4		
Hepatitis B	1		
	2		
	3		
	4		
Varicella If applicant has a history of natural disease write "Immune to Varicella"	1		
	2		
Pneumococcal PCV	1		
	2		
	3		
	4		
Meningococcal (A, C, W, Y)	1		
	2		