



Iowa Department of Public Health Provisional Certificate of Immunization

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

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

Expiration Date: _____

The above named applicant qualifies for provisional enrollment because the individual:

- 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. The person signing the Provisional Certificate of Immunization shall assign an expiration date and indicate the remaining immunizations required to qualify for a Certificate of Immunization.

Remaining vaccine(s) required: _____

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

I shall ensure that the above named applicant will receive the necessary immunizations during the provisional enrollment period, and I shall submit a Certificate of Immunization to the admitting official by the end of the provisional enrollment period.

Signature: _____
Applicant, Parent or Guardian

Record of Immunization			
	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/Td/Tdap	1		
	2		
	3		
	4		
	5		
Polio IPV/OPV	1		
	2		
	3		
	4		
Measles, Mumps, Rubella MMR	1		
	2		
<i>Haemophilus influenzae</i> type b Hib	1		
	2		
	3		
	4		
Hepatitis B	1		
	2		
	3		
Varicella Chicken Pox <small>If applicant has a history of natural disease write "Immune to Varicella."</small>	1		
	2		