

CHILD PHYSICAL EXAMINATION

Child's Full Name _____ Date of Exam _____

Age _____ Height _____ Weight _____ BP _____ P _____

Vision: Eye Correction required Yes No Glasses Contact Lens

Hearing: Normal Abnormal Not Tested

EENT _____	Heart _____	Genitalia _____
Teeth _____	Abd _____	Rectum, Anus _____
Neck _____	Hernia _____	Neuromuscular _____
Chest _____	Extremities/Skin _____	Urinalysis _____
Lungs _____	Posture/Spine _____	

If needed:

Hemoglobin or Hematocrit _____	Tuberculin screening _____
Sickle Cell screening _____	Development testing _____
Lead screening _____	Other _____

The child is under the care of a physician for the following medical condition(s):

Known allergies: _____

Additional health information: _____

The child is _____ is not _____ physically and/or emotionally able to participate in your program.

Signature of Physician or Designee

Date

PARENT: Please complete the following:

Diseases the child has had _____

Any special health needs _____

Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: (_____) _____
 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.
 Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis <i>DTap/DTP/D/T</i> <i>Td/Tdap</i>		
Polio <i>IPV/OPV</i>		
Measles, Mumps, Rubella <i>MMR</i>		
Haemophilus influenzae type b <i>Hib</i>		
Hepatitis B		
Varicella Chicken Pox if applicant has a history of natural disease write "Immune to Varicella"		
Pneumococcal <i>PCV/PPV</i>		

Vaccine	Date Given	Doctor / Clinic / Source
Meningococcal <i>MCV4/MPV4</i>		
Hepatitis A		
Rotavirus		
Human Papilloma Virus <i>HPV</i>		
Other		

Licensed Child Care Requirements

4 through 5 months
 1 dose Diphtheria/Tetanus/Pertussis
 1 dose Polio
 1 dose Hib
 1 dose Pneumococcal

6 through 11 months
 2 doses Diphtheria/Tetanus/Pertussis
 2 doses Polio
 2 doses Hib

12 through 18 months
 3 doses Diphtheria/Tetanus/Pertussis
 2 doses Polio
 2 doses Hib or 1 dose received at > 15 months of age

3 doses Pneumococcal if received 1 or 2 doses < 12 months of age; or 2 doses if received 1 dose > 12 months of age and has not received this vaccine before.

19 through 23 months
 4 doses Diphtheria/Tetanus/Pertussis
 3 doses Polio
 3 doses Hib with the final dose in the series ≥ 12 months of age, or 1 dose received ≥ 15 months of age.

1 dose Measles/Rubella ≥ 12 months of age, or after September 15, 1997, or a reliable history of natural disease.

4 doses Pneumococcal, or 3 doses if received 1 or 2 doses < 12 months of age; or 2 doses if received 1 dose ≥ 12 months of age or has not received this vaccine before.

24 months and older
 Same requirements as the 19-23 months except 4 doses Pneumococcal if received 3 doses < 12 months of age; or 3 doses if received 2 doses < 12 months of age; or 1 dose if received 1 dose < 12 months of age or 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.

Elementary/Secondary School Requirements

4 years of age and older
 3 doses Diphtheria/Tetanus/Pertussis with at least 1 dose received ≥ 4 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received ≥ 4 years of age if born on or before September 15, 2003, but before September 15, 2006.
 4 doses Polio
 2 doses Measles/Rubella: the first dose shall have been received ≥ 12 months of age; the second dose shall have been received ≥ 28 days after the first.
 2 doses Hepatitis B if born on or after July 1, 1994.
 2 doses Varicella ≥ 12 months of age if born on or after September 15, 2003; or 1 dose received ≥ 12 months of age if born on or after September 15, 1997, but before September 15, 2003, unless the applicant has a reliable history of natural disease.