



**Urbandale Community School District  
Physical Examination**

*To be completed by physician*

Student's Name	Birthdate	M/ F
Parent's Name	Phone	
Physician's Name	Phone	

	Comments		Comments
Allergies: Food		Diabetes	
Allergies: Medicine		Hospitalization	
Allergies: Other		Illnesses	
Asthma		Injuries	
Bleeding Problems		Seizures	
Cancer		Surgery	

Height	Weight	BP	Hemoglobin	Lead Screen	Vision (Right)	Vision (left)	Corrective Lenses	Hearing
					20/	20/		

	Normal (✓)	Abnormal (✓)	Comments (required for abnormal)
Skin			
Hair & Scalp			
Eyes			
Ears			
Nose			
Mouth / Dental			
Lymph nodes			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genitourinary			
Neurological			
Musculoskeletal			
Endocrine			
Spinal Examination			
Nutritional Status			
General Appearance			
Developmental			
Other			

Medications \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Conditions that might affect school performance \_\_\_\_\_

**\*\*\*IMMUNIZATION CARD MUST BE ATTACHED TO THIS PHYSICAL\*\*\***

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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	Vaccine	Date Given	Doctor / Clinic / Source
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/DT/ Td/Tdap			<b>Varicella</b> Chicken Pox If patient has a history of natural disease write "Immune to Varicella"		
<b>Polio</b> IPV/OPV			<b>Pneumococcal</b> PCV/PPV		
<b>Measles, Mumps, Rubella</b> MMR			<b>Meningococcal</b> MCV4/MPSV4		
<b>Haemophilus influenzae type b</b> Hib			<b>Hepatitis A</b>		
<b>Hepatitis B</b>			<b>Rotavirus</b>		
			<b>Human Papilloma Virus</b> HPV		
			<b>Other</b>		

# 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 of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
<b>Licensed Child Care Center</b>	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. <b>Routine vaccination begins at 2 months of age.</b>	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		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 dose on or after 12 months of age.
	19 months through 23 months of age	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.
		Pneumococcal	4 doses; or 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 dose on or after 12 months of age.
		Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of 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 disease.
	24 months and older	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 vaccine is not indicated for persons 60 months of age or older.	
Pneumococcal		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 2 doses if the applicant received 1 dose before 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. <b>Pneumococcal vaccine is not indicated for persons 60 months of age or older.</b>	
Measles/Rubella <sup>1</sup>		1 dose of measles/rubella-containing vaccine received on or after 12 months of 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 disease.	
<b>Elementary or Secondary School (K-12)</b>	4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 <sup>2, 3</sup> ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) 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.
		Polio <sup>7</sup>	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>6</sup>
		Measles/Rubella <sup>1</sup>	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the 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 September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

<sup>3</sup> The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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.

<sup>8</sup> Administer 2 doses 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 of varicella for an applicant 13 years of age or older is 28 days.

### Immunization Clinics

For your convenience, there are several agencies in the Des Moines area that offer immunizations for free or at reduced rates. Please call ahead for an appointment.

<p><b>Polk County Health Department</b>          1907 Carpenter Avenue, Des Moines, IA          515-286-3798          Appointment required Monday-Friday</p>	<p><b>DMU Free Mobile Clinic</b>          Various locations around Des Moines via mobile unit, including homeless camps and shelters          515-271-1374          1<sup>st</sup> &amp; 3<sup>rd</sup> Sundays of the month: 9:00 – 11:00 am;          occasional Saturdays</p>
<p><b>Broadlawns Pediatric</b>          1801 Hickman, Des Moines, IA          515-282-2331          Appointment needed          Financial assistance available</p>	<p><b>House of Mercy</b>          1409 Clark Street, Des Moines, IA          515-643-6525          Appointment preferred; no fee          Monday-Friday: 9:00 am – 11:45 am</p>
<p><b>Christ the King Free Clinic</b>          5711 S.W. 9<sup>th</sup> Street, Des Moines, IA          515-285-2888          Mondays: 7:00 – 9:00 pm          Wednesdays (Pediatric Clinic): 7:00-9:00 pm</p>	<p><b>Jim Ellefson Free Medical Clinic</b>          1607 East 33<sup>rd</sup> Street, Des Moines, IA          515-266-7622          Tuesdays: 1:00 – 4:00 pm          Thursdays: 5:30 – 8:30 pm</p>
<p><b>Mae E. Davis Free Medical Clinic</b>          Eddie Davis Community Center          1312 Maple Street, West Des Moines, IA          515-277-1103          Tuesdays: 7:00-9:00 pm</p>	<p><b>Margaret Cramer Clinic</b>          First Assembly of God Church          2725 Merle Hay Road, Des Moines, IA          515-279-9766, ext. 42          Thursdays: 6:00-8:00 pm          Patient registration: 5:30 pm – 7:00 pm</p>
<p><b>Le Clinicia de la Esperanza</b>  <b>United Mexican-American Community Center</b>          828 S.E. Scott Avenue, Des Moines, IA          515-244-6162          Monday, Wednesday, Thursday: 8:00 am – 5:00 pm          Tuesday: 8:00 am – 7:00 pm          Friday: 8:00 am – 3:00 pm          Appointments needed          Spanish translation available at all times</p>	<p><b>Grace United Methodist Church Free Clinic</b>          3700 Cottage Grove, Des Moines, IA          515-255-2131          Tuesdays: 5:30 pm – 7:00 pm          Patient registration: 5:00 – 7:00 pm</p>
<p><b>Corinthian Family Health Free Clinic</b>          814 School Street, Des Moines, IA          515-243-4073          Saturdays: 9:00 am – 12:00 pm</p>	<p><b>Islamic Center of Des Moines Free Medical Clinic</b>          6201 Franklin Avenue, Des Moines, IA          515-255-0212          1<sup>st</sup> &amp; 3<sup>rd</sup> Saturdays of the month: 9:00 – 11:00 am</p>
<p><b>Holy Family School Free Clinic</b>          1265 East 9<sup>th</sup> Street, Des Moines, IA          515-262-7466          1<sup>st</sup> Monday of the month: 7:00 – 9:00 pm</p>	