

IOWA

Student Health Screening Requirements

3rd Grade

Vision Screening

- No earlier than 1 year prior and no later than 6 months after enrollment
- Can be provided by ophthalmologist or optometrist or pediatrician's or family practice physician's office, a free clinic, a child care center, a local public health department, a public or accredited nonpublic school, or a community-based organization or by an advanced registered nurse practitioner or physician assistant
- Submitted electronically through IRIS or hard copy (no required form)

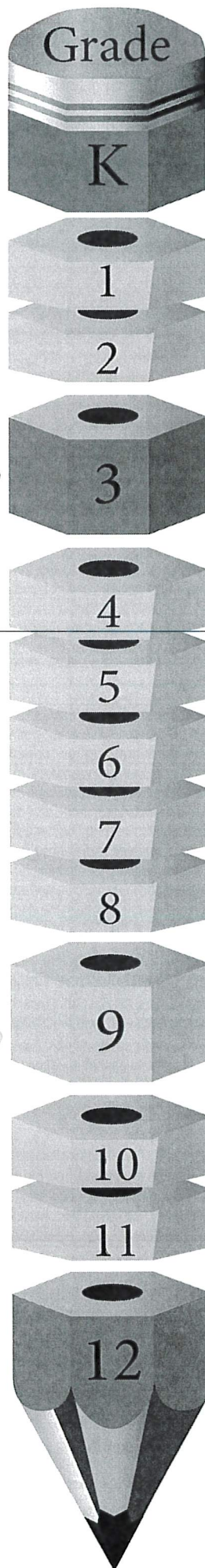
9th Grade

Dental Screening

- No earlier than 1 year prior to enrollment and no later than 4 months after enrollment
- Must be provided by licensed dentist or dental hygienist
- Must use IDPH Certificate of Dental Screening

Parents and schools are critical in ensuring students are healthy and ready to learn. In Iowa, there are four health screening programs regulated by the state and implemented by the schools: immunization, dental, vision and blood lead.

For immunization requirements, see next page



Kindergarten

Dental Screening

- No earlier than age 3 and no later than 4 months after enrollment
- Can be provided by a licensed dentist, dental hygienist, physician, physician assistant, registered nurse or ARNP
- Must use IDPH Certificate of Dental Screening

Vision Screening

- No earlier than 1 year prior and no later than 6 months after enrollment
- Can be done by an ophthalmologist or pediatrician's or family physician or any professional licensed to perform this test.
- Submitted electronically through IRIS or hard copy (no required form).

Lead Screening

At least one Blood Lead Test should occur prior to six years of age

- Must use IDPH spreadsheet to submit list of kindergartens
- Don't need to collect results of blood lead testing
- IDPH matches the school list with their data and inform schools of children who need a blood lead test
- Schools inform parents
- Parents have their children tested

IDPH
IOWA Department
of PUBLIC HEALTH

Immunization Requirements

Licensed Child Care Center

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.

Age	Vaccine	Total Doses Required
Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
4 months through 5 months of age	Diphtheria/ Tetanus/ Pertussis	1 dose
	Polio ¹	1 dose
	<i>haemophilus influenzae</i> type B	1 dose
	Pneumococcal	1 dose
6 months through 11 months of age	Diphtheria/ Tetanus/ Pertussis	2 doses
	Polio ¹	2 doses
	<i>haemophilus influenzae</i> type B	2 doses
	Pneumococcal	2 doses
12 months through 18 months of age	Diphtheria/ Tetanus/ Pertussis	3 doses
	Polio ¹	2 doses
	<i>haemophilus influenzae</i> type B	2 doses ; or 1 dose received at 15 months of age or older.
	Pneumococcal	3 doses ; or 2 doses if both doses were received at 12 months of age or older.

Age	Vaccine	Total Doses Required
19 months through 23 months of age	Diphtheria/ Tetanus/ Pertussis	4 doses
	Polio ¹	3 doses
	<i>haemophilus influenzae</i> type B	3 doses if a dose was received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received at 15 months of age or older.
	Pneumococcal	4 doses if a dose was received on or after 12 months of age; or 3 doses if 1 or more doses were received on or after 12 months of age; or 2 doses if both doses were received at 12 months of age or older.
	Measles/Rubella	1 dose ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	1 dose ; or the applicant has a reliable history of natural disease.
24 months of age and older	Diphtheria/ Tetanus/ Pertussis	4 doses
	Polio ¹	3 doses
	<i>haemophilus influenzae</i> type B	3 doses if a dose was received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received at 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older.
	Pneumococcal	4 doses if a dose was received on or after 12 months of age; or 3 doses if 1 or more doses were received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received on or after 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.
	Measles/Rubella	1 dose ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	1 dose ; or the applicant has a reliable history of natural disease.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

¹ Doses of oral polio vaccine (OPV) administered on or after April 1, 2016, are not valid doses and do not count toward the polio vaccine requirement.

Immunization Requirements

Elementary or Secondary School (K-12th Grade)

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below.

Age	Vaccine	Total Doses Required
4 years of age and older	Diphtheria/Tetanus/Pertussis ²	5 doses with at least 1 dose received on or after 4 years of age; or 4 doses if the fourth dose was received on or after 4 years of age; and 1 dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) received on or after 10 years of age for applicants in grades 7 and above, regardless of the interval since the last tetanus/diphtheria-containing vaccine.
	Polio ¹	4 doses with at least 1 dose received on or after 4 years of age; or 3 doses if the third dose was received on or after 4 years of age.
	Measles/Rubella	2 doses ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Hepatitis B	3 doses
	Varicella	2 doses ; or the applicant has a reliable history of natural disease.
	Meningococcal (A, C, W, Y)	1 dose received on or after 10 years of age for applicants in grades 7 through 11; and 2 doses with 1 dose received on or after 16 years of age for applicants in grade 12; or 1 dose for applicants in grade 12 if the dose was received on or after 16 years of age.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

- ¹ Doses of oral polio vaccine (OPV) administered on or after April 1, 2016, are not valid doses and do not count toward the polio vaccine requirement.
- ² Applicants 7 through 18 years of age who received the first dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one dose received on or after 4 years of age.