

# BLOOMINGDALE SCHOOL DISTRICT 13

## MEDICAL REQUIREMENTS CHECKLIST FOR KINDERGARTEN

The Illinois School Code requires all children entering kindergarten to have a physical exam and certain immunizations prior to entering school in the fall. A dental exam and eye exam are also required. Please use this checklist to help answer your questions and complete the necessary requirements for kindergarten.

### COMPLETED

### PHYSICAL EXAM REQUIREMENTS

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“*Certificate of Child Health Examination*” form must be completed and returned to school prior to first day of attendance.

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Complete all information on top of the Physical form (name, address, birth date, and grade). Please put student name on both sides of form.

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Parent/Guardian completes **and signs** the “Health History” portion of the form (top of back side of form).

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Immunizations (front side of form). Include all immunizations child has had. The month, day, and year in which the immunizations were given must be noted. **Health Care Professional needs to sign and date immunization portion of the form.**

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**DIABETES SCREENING is required.** The doctor should identify if your child is at risk.

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**LEAD SCREEN RISK QUESTIONNAIRE** All children 6 months through 6 years of age should be assessed for lead poisoning. A lead assessment is a **required** part of the physical exam for kindergarten entry.

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**PHYSICAL EXAMINATION** (Bottom portion of back side of form) Physical must include: Height, Weight, Blood Pressure, BMI and a review of systems. Lab work is not required but strongly recommended.

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**Physical must be dated within 1 year of entering kindergarten and must be signed by the Physician.** The Illinois School Code also allows advanced practice nurses and physician assistants who have a collaborative agreement with a physician to conduct and sign a health examination. The doctor’s address and phone information must be completed.

### IMMUNIZATION REQUIREMENTS

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**DPT** (Diphtheria, Pertussis, Tetanus) Need a total of 4 doses, given at least 4 weeks apart, with the last dose or 4<sup>th</sup> dose given on or after 4 years of age and the last dose shall be administered at least 6 months after the previous dose.

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**OPV/IPV** (Polio) Need a total of 4 doses, given at least 4 weeks apart, with the last or 4<sup>th</sup> dose given on or after 4 years of age and the last dose shall be administered at least 6 months after the previous dose.

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**MEASLES** 2 doses of Measles Vaccine, the first dose must have been received on or after the first birthday and the second dose no less than 4 weeks later.

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**RUBELLA** 2 doses of Rubella Vaccine, the first dose must have been received on or after the first birthday and the second dose no less than 4 weeks later.

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**MUMPS** 2 doses of Mumps Vaccine, the first dose must have been received on or after the first birthday and the second dose no less than 4 weeks later.

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**MMR** (Measles, Mumps, Rubella) If all 3 are given together, the shot must have been given after 12 months of age.

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**VARICELLA** (Chickenpox vaccine) 2 doses of Varicella Vaccine, the first dose must have been received on or after the first birthday and the second dose no less than 4 weeks later, **or** verification of disease by physician or health care provider with date and signature placed in the section labeled "Alternate Proof of Immunity."

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**TB** A Tuberculin Test is strongly recommended as a part of the physical exam.

**OTHER MANDATED EXAMINATIONS**

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**DENTAL EXAMINATION is required.** Included in your packet is a dental form, which the dentist must complete, sign and date.

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**EYE EXAMINATION is required.** Included in your packet is an eye examination form, which the doctor must complete, sign and date.

**IF YOU REQUEST RELIGIOUS EXEMPTION**

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A parent-signed form detailing specific religious beliefs which conflict with a specific immunization and/or exam **must also now be signed by a health care provider** (physician, advanced practice nurse, or physician assistant) and submitted to the school at which your child is registered. Please take the enclosed form with you to the doctor's office. Please refer to the Joint Committee on Administrative Rules, Administrative Code, Title 77 and PA 099-0249 for further information.

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**IF YOUR CHILD REQUIRES MEDICATION DURING THE SCHOOL DAY ...** please read the attached district policy and complete the attached parent authorization form, and have your physician complete the attached physician authorization form.

**MAKE APPOINTMENTS EARLY.** Doctors/Dentists' offices get very busy during the summer months. **Don't wait until August.** Immunizations may also be obtained through the DuPage County Health Department. Call 630-682-7560.

When the physical/immunization, dental and eye forms are completed, you may return them to the Health Office at the school where you registered. There will be drop boxes at all the schools in which to place your completed health forms. **PLEASE DO NOT PUT THEM WITH SCHOOL REGISTRATION FORMS.**

If you have any questions, please call the Health Office at the school where you registered.  
Thank you for your cooperation in fulfilling these health requirements.

**DISTRICT 13 NURSES**

**Erickson Elementary School  
DuJardin Elementary School**

**630.529.2233  
630.894.9200**