

BLOOMINGDALE SCHOOL DISTRICT 13

MEDICAL REQUIREMENTS CHECKLIST FOR 6th GRADE

The Illinois School Code requires all children entering 6th grade to have a physical exam and certain immunizations prior to entering school in the fall. A dental exam is also required. As you complete the online enrollment process, you will be able to access required documents and respond to critical questions on the Medical page. Please use this checklist to help answer your questions and complete the necessary requirements for 6th Grade.

COMPLETED

PHYSICAL EXAM REQUIREMENTS

_____ **"Certificate of Child Health Examination" form** (or similar form if student is out of state) is accessible as part of the online enrollment process and must be completed by both physician and parent/guardian. This form must be brought to the child's enrolling school prior to the first day of attendance.

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

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

_____ Immunizations (front side of form). Health care provider must 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.**

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

_____ **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.

_____ **Physical must be dated within 1 year of entering 6th Grade 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 number must be completed.

IMMUNIZATION REQUIREMENTS

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

_____ **TDAP** (Tetanus, Diphtheria, Acellular Pertussis) 1 dose, is to be given regardless of the interval since the last DTap, Dt, or Td dose, ages 11-12.

_____ **OPV/IPV** (Polio) Need a total of 4 doses of the same type of Polio Vaccine, given at least 4 weeks apart with the last dose given on or after 4 years of age and the last dose shall be administered at least 6 months after the previous dose. If the series is given in any combination of polio vaccine types, at least 4 doses are required.

_____ **MENINGOCOCCAL** 1 dose, on or after 11 years of age

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.

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.

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.

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

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."

HEPATITIS B 3 doses administered at proper intervals (if not already received).

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

OTHER MANDATED EXAMINATIONS

DENTAL EXAMINATION is required. A dental form, which the dentist should complete, sign, and date is available to print as part of the online registration process.

IF YOU REQUEST RELIGIOUS EXEMPTION

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. This form is available to print as part of the online registration process. 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.

IF YOUR CHILD REQUIRES MEDICATION DURING THE SCHOOL DAY:

The Medication Administration Procedure is available for you to review. The *Parent Authorization Form* and *Physician Authorization Form* must be completed by parent and physician and on file in the school's Health Office. These forms are available to print as part of the online registration process.

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 and dental 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.