

BLOOMINGDALE SCHOOL DISTRICT 13

MEDICAL REQUIREMENTS CHECKLIST FOR **NEW STUDENTS**

The Illinois School Code requires all children entering Illinois schools to have a physical exam and certain immunizations prior to entering school. A dental exam and eye exam may also be required. As you complete the online enrollment process, you will be able to access required documents and respond to critical questions on the Medical pages. Please use this checklist to help answer questions and complete the necessary requirements for school attendance.

For transfer students from out of the State or out of the country, or from a federal Head Start program, a health form that is comparable to the Illinois requirements may be accepted only at the time of first entry into an Illinois school. (A statement by a physician or other health care provider indicating only that an examination was conducted is not acceptable.)

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's 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 "Child Health Examination" form). The 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 the immunization portion of the form.**

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

_____ **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.

_____ **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 school 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: Immunization requirements are grade/age dependent.

_____ **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.

_____ **OPV/IPV (Polio)** Need a total of 4 doses, given at least 4 weeks apart, with the last 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.

_____ **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 dose must have been received on or after the first birthday and the second dose no less than 4 weeks later.

_____ **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 for Kindergarten, 2nd grade and 6th grade.** A dental form, which the dentist should complete, sign, and date, is available to print as part of the online registration process.

_____ **EYE EXAMINATION is required for Kindergarteners and transfer students.** An eye examination form which the doctor should complete, sign and date, is available to print as part of the online registration process.

_____ **IF YOU REQUEST RELIGIOUS EXEMPTION** A religious exemption form which **must also be signed by a health care provider** (physician, advanced practice nurse, or physician assistant) is available to print as part of the online registration process. Take this form with you when you see the doctor for your student's physical. 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.** When the physical/immunization, eye or dental forms are completed, you may bring them into the main office of your child's school. If you have any questions, please call the Health Office at your student's school. Thank you for your cooperation in fulfilling these health requirements.

DISTRICT 13 NURSES

Erickson Elementary School 630.529.2223

DuJardin Elementary School 630.894.9200

Westfield Middle School 630.671.5315