



**Public Health**  
Prevent. Promote. Protect.

Peoria City/County  
Health Department  
[www.pccdh.org](http://www.pccdh.org)

# 2019-2020 School Year

| <b>Illinois Exams and Immunizations</b>  |   |  |  |
|--|---|--|--|
| <u>Grade</u>                             | <u>Exams</u>  | <u>Immunizations</u>   | <u>Recommended</u>   |
| <b>Preschool</b>                         | <ul style="list-style-type: none"> <li>Physical</li> <li>Lead Screening (blood test strongly recommended)</li> <li>TB Screening</li> </ul>                  | <ul style="list-style-type: none"> <li>1 Hib vaccine (1 or more doses)</li> <li>4 Pneumococcal vaccines</li> <li>3 Polio vaccines</li> <li>3 Hepatitis B vaccines</li> <li>4 DTaP vaccines</li> <li>1 MMR (Measles, Mumps, Rubella) vaccine</li> <li>1 Varicella (Chicken Pox) vaccine OR proof of immunity</li> </ul> | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> <li>2 hepatitis A vaccines</li> </ul>                     |
| <b>Kindergarten/1<sup>st</sup> Grade</b> | <ul style="list-style-type: none"> <li>Physical</li> <li>Lead Screening (blood test strongly recommended)</li> <li>Eye Exam</li> <li>Dental Exam</li> </ul> | <ul style="list-style-type: none"> <li>4 or more doses of DTaP (booster on or after 4<sup>th</sup> birthday)</li> <li>2 MMR vaccines</li> <li>2 Varicella (Chicken Pox) vaccines OR proof of immunity</li> <li>3 or more doses of Polio vaccine (booster on or after 4<sup>th</sup> birthday)</li> </ul>               | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> </ul>   |
| <b>2<sup>nd</sup> Grade</b>              | <ul style="list-style-type: none"> <li>Dental Exam</li> </ul>   |  | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> </ul>   |
| <b>6<sup>th</sup> Grade</b>              | <ul style="list-style-type: none"> <li>Physical</li> <li>Dental Exam</li> </ul>   | <ul style="list-style-type: none"> <li>1 Meningococcal Meningitis vaccine given on or after 11<sup>th</sup> birthday</li> <li>1 Tdap vaccine</li> </ul>  | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> <li>HPV (Human Papilloma Virus) vaccine series</li> </ul> |
| <b>9<sup>th</sup> Grade</b>              | <ul style="list-style-type: none"> <li>Physical</li> <li>Dental Exam</li> </ul>   |  | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> </ul>   |
| <b>12 Grade</b>                          |   | <ul style="list-style-type: none"> <li>2 Meningococcal Meningitis vaccines (2 doses with second dose at age 16 or later. 1 dose if given at age 16 or later)</li> </ul>  | <ul style="list-style-type: none"> <li>Annual influenza vaccine</li> </ul>   |

# Resources

## **\*Peoria City/County Health Department**

2116 N Sheridan Road  
Peoria, IL 61604  
(309)679-6000

### **Call for an appointment:**

Immunizations.....(309)679-6655  
Lead Testing.....(309)679-6076  
Vital Records (Birth Certificates).....(309)679-6032  
Dental.....(309)679-6141

- Dental services by appointment ONLY
- School Exams: \$30 cash or Medicaid card at time of appointment
- Students entering grades K, 2<sup>nd</sup>, 6<sup>th</sup>, 9<sup>th</sup> will be required to show proof of a dental exam
- The Peoria City/County Health Department Dental Clinic accepts all Medicaid Insurances

### **\*If you need a doctor or clinic:**

UnityPoint Health-Methodist/Proctor Physician Referral.....(309)674-2273  
Ask OSF.....(888)627-5673  
Heartland Health Services.....(309)680-7600

#### Peoria Locations:

1701 W Garden St.  
711 John H Gwynn Jr. Ave.  
2321 N Wisconsin Ave.  
320 E Armstrong Ave.

## **Need help with costs?**

**\*All Kids Program** (Medicaid Card- Medical insurance and health services for Illinois children 0-18)

### **\*Department of Human Services**

211 Fulton St  
Suite 300  
Peoria, IL 61603  
(309)671-8100

### **\*Heartland Health Services**

(309)680-7600

### **\*Call 211 Resource Line**

## **Helpful Information & Links**

**\*Schedule your child's physical and dental appointments early in the spring.**

**\*Bring your child's shot records from the doctor's office and/or Health Department.**

**\*Remember to keep copies of your child's records.**

### **\*Dental form:**

[http://dph.illinois.gov/sites/default/files/forms/dentalexamproof10\\_0.pdf](http://dph.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf)

### **\*Eye Exam Form:**

<http://dph.illinois.gov/sites/default/files/forms/eye-examination-report-050216.pdf>

### **\*School Health Exam Form:**

<http://dph.illinois.gov/sites/default/files/forms/eye-examination-report-050216.pdf>