

## Arcola Community Unit School District #306

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**PARENTS, PLEASE BE AWARE OF OUR DISTRICT POLICY WHICH REQUIRES ALL HEALTH RECORDS, VISION RECORDS, DENTAL RECORDS, AND PROOF OF IMMUNIZATIONS BE COMPLETED PRIOR TO THE 15th DAY OF OCTOBER OR PROOF OF APPROVED APPOINTMENT(S).**

### **Pre-school**

- 1. Complete Physical (On DHS State of IL Certificate of Child Health Examination Form)**
- 2. Vaccinations up to date (age appropriate)**
- 3. Certified Birth Certificate**

### **Kindergarten**

- 1. Complete Physical (On DHS State of IL Certificate of Child Health Examination Form)**
- 2. Proof of lead screening**
- 3. Vaccinations up to date (age appropriate)**
- 4. Complete Eye exam (by an Optometrist or Ophthalmologist)**
- 5. Dental exam**
- 6. Certified Birth Certificate**

### **2nd Grade**

- 1. Dental Exam**

### **6th Grade**

- 1. Complete Physical (On DHS State of IL Certificate of Child Health Examination Form)**
- 2. Tdap vaccine on or after 11<sup>th</sup> Birthday, Meningococcal on or after 11<sup>th</sup> Birthday, proof of 2<sup>nd</sup> Varicella (Chicken Pox)**
- 3. All vaccines up to date (age appropriate)**
- 4. Dental Exam**

### **9th grade**

- 1. Complete Physical (On DHS State of IL Certificate of Child Health Examination Form)**
- 2. All vaccines up to date (age appropriate), proof of 2nd Varicella (Chicken-pox) \* 3. Ask your physician if and when a booster for Meningococcal is required. \***

### **12th grade**

- 1. Meningococcal vaccine or Meningococcal booster if needed (Ask you physician or local health department if one is needed.)**

### **Out of State, Home Schooled and Parochial Transfers**

- 1. Complete Physical (On DHS State of IL Certificate of Child Health Examination Form)**
- 2. All vaccines up to date (age appropriate)**
- 3. Lead Screening (pre-k and Kindergarten only)**
- 4. Eye exam (by an Optometrist or Ophthalmologist)**
- 5. Dental Exam**
- 6. ALL medical forms must be completed and turned into the school within 30 days of enrollment or proof of an approved appointment(s).**

**ALL SCHOOL PHYSICALS MUST BE ON THE DHS STATE OF IL CERTIFICATE OF CHILD HEALTH EXAMINATION FORM- THIS PHYSICAL WILL COVER SPORTS FOR 13 MONTHS. A SPORT PHYSICAL CAN NOT BE USED IN PLACE OF A SCHOOL PHYSICAL.**