

# **2018-19 Illinois SCHOOL HEALTH Requirements/Info**

## **PHYSICAL EXAM**

A physical examination is required for entry into preschool, kindergarten, sixth, and ninth grades. The exam must be completed within one year of entering school at the required grade (Example: for the school year 2018-19, the physical must be dated after September 1, 2017).

The physical can be performed by a physician, physician assistant, or advanced practice nurse.

1. A student is considered to be in compliance when they have submitted the appropriate documentation for the physical and immunizations required for their grade.
2. Students who are not compliant with physical or immunizations by October 15th of the school year are subject to exclusion from school until the appropriate documentation has been submitted.

## **IMMUNIZATIONS**

1. All immunizations must be completed before the start of school and proof of immunizations must be presented to the school office before the first day of school.
2. See attached table for schedule of required immunizations.

## **VISION EXAM**

1. All students enrolling in kindergarten and students enrolling in an Illinois school for the first time (public, private, or parochial) must submit an eye exam. The requirement does not apply to preschool students.
2. The exam must be completed by a physician who performs eye exams or an optometrist.

## **DENTAL EXAM**

1. Children entering Kindergarten, 2nd, and 6th grades are required to submit a dental exam form.
2. The exam must be completed by a licensed dentist.
3. Proof of exam must be submitted by May 15th.
4. The exam must have taken place within 18 months prior to May 15th (Example: For the May 15, 2019 deadline, the exam can be dated after Nov. 15, 2017).

## **HEARING SCREENING**

Required on the following students:

1. Preschool children three years of age or older in a public or private educational program or licensed childcare facility.
2. Kindergarten students
3. 1st Grade students
4. 2nd Grade students
5. 3rd Grade students
6. Special education students
7. Students who are referred by a teacher
8. Transfer students

## **VISION SCREENING**

Required on the following students:

1. Preschool children age 3 and older in any public or private educational program or licensed child care facility.
2. Kindergarten students
3. 2nd Grade students
4. 8th Grade students
5. Special education students
6. Students who are referred by a teacher
7. Transfer students



***New students enrolling in an Illinois school for the first time will be required to obtain a physical examination, vision exam, and provide up-to-date immunization record regardless of grade.***

**Reminder.... This was NEW for 2016.....**is the religious exemption form. It must be filled out by the student's doctor and turned in to the office at registration. The form is located on the school webpage under Menu, Documents, Student Health Forms & Info.

continued . . .



## State of Illinois

### IMMUNIZATION REQUIREMENTS FOR 2018-2019

|  | PRESCHOOL   | KINDERGARTEN  | 6TH GRADE | 9TH GRADE | 12TH GRADE            |
|--|---|---|-----------|-----------|-----------------------|
| DTP/DTaP/ or Tdap,Td<br><br>(Diphtheria, Tetanus, Pertussis) | 3 DOSES BY 1 YEAR OF AGE AND 1 BOOSTER BY 2ND BIRTHDAY            | 4 OR MORE DOSES WITH THE LAST DOSE BEING AFTER 4TH BIRTHDAY                       |           |           |                       |
| TDAP   |   |   | 1 DOSE    |           |                       |
| POLIO  | 2 DOSES BY 1 YEAR OF AGE AND 1 ADDITIONAL DOSE BY 2ND BIRTHDAY    | 4 OR MORE DOSES WITH THE LAST DOSE AFTER THE 4TH BIRTHDAY                         |           |           |                       |
| MEASLES, MUMPS AND RUBELLA                                   | 1 DOSE AFTER THE 1ST BIRTHDAY                                     | 2 DOSES AFTER THE 1ST BIRTHDAY AND 2ND DOSE NO LESS THAN 28 DAYS AFTER FIRST DOSE |           |           |                       |
| HAEMOPHILUS INFLUENZAE TYPE B (HIB)                          | SERIES OF IMMUNIZATIONS OR AT LEAST 1 DOSE AFTER 15 MONTHS OF AGE |   |           |           |                       |
| PNEUMOCOCCAL CONJUGATE VACCINE (PCV)                         | SERIES OF IMMUNIZATIONS OR AT LEAST 1 DOSE AFTER 24 MONTHS OF AGE |   |           |           |                       |
| HEPATITIS B  | 3 DOSES AFTER 6 MONTHS OF AGE                                     |   |           |           |                       |
| VARICELLA  | 1 DOSE AFTER 1ST BIRTHDAY   | 1 DOSE AFTER 1ST BIRTHDAY AND 2ND DOSE NO LESS THAN 28 DAYS LATER                 |           |           |                       |
| MENINGOCOCCAL CONJUGATE VACCINE                              |   |   | 1 DOSE    |           | 2ND DOSE AFTER AGE 16 |