ITASCA SCHOOL DISTRICT 10

HEALTH REQUIREMENTS FOR CHILDREN ENTERING K-PREP (PRESCHOOL)

Illinois State Law requires that children entering preschool have the following items on file. <u>Please ensure that all highlighted parts of the physical and immunization sections of the form are complete before you leave your health care provider's office.</u>

IMMUNIZATIONS: STATE REGULATION – MANDATORY Dates of ALL vaccinations must be on the form.

- > <u>DPT or DtaP-Diphtheria, Pertussis & Tetanus:</u> Minimum of three doses, spaced at least one month apart. One additional dose by 2nd birthday.
- **Polio**: Minimum of two doses of the same TYPE of vaccine, spaced at least two months apart. An additional dose by the 2nd birthday.
- \triangleright **Hepatitis B:** Total of 3 doses with one month between the 1st two doses, and at least two months between the 2nd and 3rd dose and four months between the 1st and 3rd dose.
- ➤ <u>HIB-Hemophilus Influenza B:</u> A series of 3 or 4 doses, depending on the age the series was begun, and the manufacturer of the vaccine.
- MMR-Measles, Mumps, Rubella: A minimum of 1 dose given on or after the 1st birthday.
- ➤ <u>Chicken Pox/Varicella</u>: 1 dose given on or after the 1st birthday or verification of the disease by your health care provider.
- ➤ **Health Care Provider:** signature is required to verify immunizations.

Optional: A TB skin test (tine, PPD, Mantoux) is recommended by the Illinois Department of Public Health. It is not required for school entry.

PHYSICAL EXAMINATION

- Must include Blood Pressure, Height, and Weight and BMI.
- > Requires date and Physician's signature on Physical exam portion of form.
- > Physician must indicate approval for physical education activities by checking the boxes.
- > Lead Assessment Physician must address lead risk and if screening is necessary (unless done previously and is on the file with school records) by checking the boxes.
- > Health History Parent must complete the health history of the form, sign it, and date it.
- ➤ Diabetes Screening Diabetes screening section must be addressed by physician.

<u>Mail the completed form to the school office 1 month prior to 1st day of school.</u> Call the School Support Nurse at (630) 773-0554 with any questions or if your child has a special health or medication need.

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